PROVIDING DIVERSITY COMPETENT CARE TO TWO-SPIRIT CLIENTS

A HANDBOOK FOR HEALTH CARE PROVIDERS

This handbook will provide you with information on the best practices in providing care to Two-Spirit clients/patients/residents.

Diversity *services* — fraserhealth

Strength through **inclusion**

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ACKNOWLEDGEMENTS AND CONTRIBUTIONS

This handbook was created and is authored by **Fraser Health Diversity Services (FHDS).** One of the services FHDS provides is education and training on diversity competency. This handbook is meant to be one educational tool to help Fraser Health staff, physicians and volunteers provide diversity competent care to Two-Spirit clients. For an electronic copy of this handbook, please see the Fraser Health Diversity Services Intranet webpage. Feel free to print this resource for you and your team. For further information, training, help, and/or to provide feedback, please email Fraser Health Diversity Services at diversity.services@fraserhealth.ca or call 604-587-4486.

This handbook would not have been possible without the dedication of **David Le**, who conscientiously wrote, researched and carefully assembled this resource as part of his practicum internship with FHDS.

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- QMUNITY, BC's Queer Resource Centre at http://www.qmunity.ca
- Simon Fraser University's Out on Campus at http://ooc.sfss.ca/
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AN IMPORTANT NOTE ON DIVERSITY COMPETENT CARE

When we provide education on diversity competent care to patients, clients and residents of a certain community such as the lesbian, gay, bisexual, trans, queer and Two-Spirit (LGBTQ2S) communities, it is important to keep in mind that diversity exists between and within these communities. This means that individuals belonging to one (or more than one) of these communities will understand and express their gender and sexuality differently from each other.

The process of understanding and expressing one's gender and sexuality is a deeply personal experience that is made more complex by all the ways that patients, clients and residents may be diverse (e.g., race, ethnicity, ability, age, nationality/citizenship, sex). Thus, we must emphasize the importance of person-centered care – asking each individual patient, client and resident what is needed to respect their gender and sexuality, and, generally, what is important to them during the caregiving process. Additionally, it is important to recognize that one of the most important elements of providing diversity competent care is to understand our own dimensions of diversity, how these shape our values and beliefs, and accordingly, how these shape the way we provide care to our patients, clients and residents.

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A BRIEF LGBTQ2S HISTORY

- The way people and populations have been treated in healthcare settings in the past (positively or negatively) are going to affect the attitudes they have towards health facilities and providers today. This applies to lesbian, gay, bisexual, trans, queer and Two-Spirit (LGBTQ2S) patients/clients/residents.

- **Understanding the histories** of LGBTQ2S people will help increase your understanding of contexts that affect the specific needs of LGBTQ2S people's health, as well as health seeking behaviours and attitudes

- The following table provides a brief overview of some of the key historical events in LGBTQ2S history. **Please take some time to reflect on how these historical events might affect LGBTQ2S people's attitudes towards health care providers and/or people of authority**.

Year	Description of Historical Events
Before colonization of Canada (and North America)	• Prior to the colonization of North America by European settlers, Two-Spirit people held important roles in many Aboriginal cultures. (12) • Respect for sexual and gender diversity was commonplace. (12) • In many Aboriginal cultures, there were ceremonies and dances specifically for Two-Spirit people. • Two-Spirit people were not prosecuted within most Aboriginal cultures prior to colonization.
1867	• The British North America Act is passed by the British Parliament making Aboriginal people [under the control of] the Crown. (13, slide 10)
1876	• The Indian Act is passed detailing Canada's system for controlling and assimilating Aboriginal people. (13, slide 10)
1879	• Sir John A. MacDonald's government created church-run boarding (residential) schools to assimilate Aboriginal children into white culture and restrictive gender roles. (13, slide 11) • In addition to the many abuses (e.g., sexual, physical, emotional, mental) that youth and children experienced within residential

	schools, the value and respect traditionally accorded to [Two-Spirit] people were replaced by homophobia, [transphobia], and **internalized racism** (when those who are discriminated against (or stigmatized). (13, slide 11) • Accepting these messages about their own ability and intrinsic lack of worth can lead to resignation, helplessness, and lack of hope) as a result of church [teachings] and assimilation techniques. (13, slide 21)
1969	• The Criminal Code is amended so that sex between people of the same gender is no longer a criminal offense. (14)
1973	• Homosexuality is no longer considered a mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM). (14)
1977	• Sections of the Immigration Act are repealed: lesbian, gay, and bisexual immigrants could no longer be deported based on their sexuality. (15)
1979	• The first case of Acquired Immunodeficiency Syndrome (AIDS) was diagnosed in Canada. (16) • Human immunodeficiency virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) ravages the gay community, but also mobilizes volunteer, organizational, and political responses around providing access to HIV/AIDS treatment and care. (16)
1992	• BC human rights legislation amended. Discrimination based on sexual orientation is prohibited. (17) • Workplace benefits extended to same-sex partners of government employees. (12) **Note:** Discrimination based on **gender identity** is not explicitly included in BC human rights legislation.
1996	• The last Indian Residential School was closed. (18) • Canadian Human Rights Act amended. Discrimination based on **sexual orientation** is prohibited. (19) • Discrimination based on **gender identity** and **expression** have yet to be explicitly prohibited in the Canadian Human Rights Act, but are implicitly covered under discrimination based on sex or disability. (20)
1999	• The British Columbia Human Rights Tribunal held that

	discrimination against persons because of their **gender identity** is sex or disability discrimination and is prohibited. (20)
Early 2000s	• Legislative changes increase the recognition of same-sex relationships in areas such as marriage, immigration, benefits, and adoption (and many future additions, changes and challenges are expected in the future). (14) • The Health Care (Consent) and Care Facility (Admission) Act enables lesbians, gays and bisexuals to make medical decisions on behalf of a same-sex partner who is incapacitated. (12)
2008	• Men who have sex with men (MSM), including gay, bisexual and Two-Spirit men, continue to represent the majority new HIV infections in Canada. (21)

2013	• The fifth edition of the DSM is released and contains "gender dysphoria" as a mental disorder and removes the previous diagnostic category of "gender identity disorder". (22)
	   o For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. (22)
	   o In children, the desire to be of the other gender must be present and verbalized. (22)
	• The American Psychiatric Association clarifies that gender nonconformity is not a mental disorder. (22)

2014	• BC allows persons born in BC to change gender markers on birth certificates without proof of gender reassignment surgery.

For a more detailed history, please see "LGTB Health Matters" listed under the "References" section. (23)

DEMOGRAPHICS

According to the Canadian Community Health Survey...

- **1.3%** of Canadians aged 18 to 59 who reported in 2012 that they consider themselves to be homosexual (gay or lesbian). (24)

- **1.1%** of Canadians aged 18 to 59 who reported in 2012 that they consider themselves to be bisexual. (24)

Important Note: These percentages define sexuality based only on sexual identity and thus, are likely underestimated (for more information about the complexities of sexuality, please see the "Distinguishing between sexual attraction, sexual identity, and sexual behaviour" section). It is also important to note that trans, queer, and Two-Spirit people are not represented in this data.

There are very few representative studies on the prevalence of trans people. (25) One recent study in the Netherlands provides some insight: (25)

- **0.8%** of people assigned female at birth identified more strongly as men

- **1.1%** of people assigned male at birth identified more strongly as women

- **3.2%** of people assigned female at birth and **4.6%** of people assigned male at birth identified equally as women and men

- **0.2%** of people assigned female at birth and **0.6%** of people assigned male at birth wished to obtain gender affirming care (e.g., hormones, surgery)

Important Note: These percentages highlight how basing estimates of the trans population based on those who seek gender affirming care may underestimate the trans population. (26)

BARRIERS TO HEALTH AND HEALTH CARE FOR LGTBQ2S PATIENTS/CLIENTS/RESIDENTS

Barriers to health and health care for LGBTQ2S clients/patients/residents can be divided into three broad categories:

1. **Societal-level barriers** (e.g. laws, policies, cultural norms, etc.)
2. **Health care environment/system barriers** (e.g. how intake forms are written, training of health providers, etc.), and
3. **Health care provider barriers** (e.g. attitudes, behaviours, etc. of health providers).

SOCIETAL-LEVEL BARRIERS

- societal-level barriers refer to the broader or "big picture" factors such as laws, policies, institutions/organizations, and popular culture that affect how people from certain groups are perceived, treated and valued in a society differently than other groups

- groups that are perceived, treated and valued more negatively compared to other groups in society are often referred to as non-dominant, marginalized, or oppressed groups and includes those who are poor, refugees, non-heterosexual, trans, disabled, people of colour, women

- groups that are perceived, treated and valued more positively compared to other groups in society are often referred to as the dominant or privileged groups and includes those who are wealthy, men, citizens, heterosexual, cisgender, able-bodied, white

- LGBTQ2S people often experience the systemic unfair, differential and/or prejudicial treatment of people based on how they are different (e.g. gender, sexuality), but may also have these negative experiences based on all the other ways they may be diverse (i.e., if they are also Indigenous, people of colour, disabled, poor, refugees, and much more)

- it is important to be aware of and respond to all of a person's diversity and lived experience when providing care to LGBTQ2S (as well as non-LGBTQ2S) clients/patients/residents

Below is a list of some of the societal-level barriers health care providers should be aware of when thinking about the lived experiences of LGBTQ2S (as well as non-LGBTQ2S) clients/patients/residents.

Term	Definition
Colonialism	- Colonialism is a system of attitudes, bias, and discrimination that allows for the taking and exploiting of lands and disempowerment of the peoples of those lands, particularly indigenous lands and people. (27) - It also includes events such as the British colonization of India and French colonization of Vietnam. (27) - Colonialism can occur in laws, policies, and everyday interactions. - For example, the use of the Indian Act to control and assimilate Aboriginal people. (13, slide 10) - For example, the creation of Indian Residential Schools that subjected many Aboriginal children to abuse as well as loss of language and culture. (13) - For example, the colonization of Vietnam by the French drastically changed the entire Vietnamese written language by making it conform to the Latin alphabet.
Heterosexism	- A system of attitudes, bias, and discrimination based on sexuality. This includes the assumption that heterosexuality is inherently superior to all other sexualities. - Heterosexism can occur in laws, policies, and everyday interactions. - For example, many rights were denied to non-heterosexual people until the early 2000s. (15) - For example, assuming that a person's partner is not of the same sex.
Cissexism	- A system of attitudes, bias, and discrimination based on being cisgender. This includes the assumption that being cisgender is inherently superior to being trans. - Cissexism can occur in laws, policies, and everyday interactions. - For example, gender identity is not explicitly protected under the BC Human Rights Code. (20) - For example, talking about men and women as the only options for sex and gender.

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Monosexism	• A system of attitudes, bias, and discrimination based on monosexuality. This includes the assumption that everyone is, or should be, monosexual and that being monosexual is inherently superior to being bisexual. • Monosexism can occur in laws, policies, and everyday interactions. o For example, bisexual people are often told that their sexuality is "just a phase". (2)

Racism	• Refers to the attitude or assumption that one race, ethnicity or nationality is inherently superior to others. Generally, it is a system of attitudes, bias, and discrimination based on race, ethnicity or nationality.
	• Racism can occur in laws, policies, and everyday interactions.
	  o For example, Indigenous people did not receive the right to vote in Canada until the 1960s. (28)
	  o For example, telling a person of colour that you do not see race or colour. This denies an important aspect of that person's identity and lived experience. (29)

Ableism	• A system of attitudes, bias, and discrimination based on ability. This includes the assumption being able-bodied is inherently superior to being disabled.
	• Ableism can occur in laws, policies, and everyday interactions.
	  o For example, many buildings are not accessible to those in wheelchairs.
	  o For example, using words like "crazy" and "insane" to refer to the undesirable actions of able-bodied people.

Classism	• A system of attitudes, bias, and discrimination based on social class. This includes the assumption that wealthier social classes are inherently superior to less wealthy social classes. • Classism can occur in laws, policies, and everyday interactions. o For example, a store clerk follows a customer who looks poor because of an assumption that the customer will steal.

Sexism	• A system of attitudes, bias, and discrimination based on sex. This includes the assumption that men are inherently superior to all other sexes including women and intersex people.
	• Sexism can occur in laws, policies, and everyday interactions.
	  o For example, using "he" or "mankind" to refer to all people. (29, pg. 32)
	  o For example, blaming women who are victims of sexual abuse based on the clothing that they wear or have worn.

Ageism	• A system of attitudes, bias, and discrimination based on age. This includes the assumption that certain age groups are inherently superior to others. • Ageism can occur in laws, policies, and everyday interactions. ○ For example, assuming that the elderly cannot do things for themselves.

Important Note: Members of dominant groups sometimes will talk about experiencing reverse-oppression. For example, spaces and services that are designed specifically for people of colour may often be discussed as being discriminatory or "reverse-racist" against white people. It is important to recognize that things like "reverse-racism" are not possible because in the "big picture" racism is a very constant, continuing, and real reality for people of colour in ways that white people do not experience. The key point is that racism is a **system** of attitudes, bias, and discrimination that impact all aspects of people of colour's lives rather than just in a single employment situation. For a more detailed discussion, please see the work of Derald Wing Sue on microaggressions in the "References" section (29).

HEALTH CARE ENVIRONMENT/SYSTEM BARRIERS

WAITING ROOMS / EXAM ROOMS

- waiting and exam rooms that have no LGBTQ2S resources visible to clients/patients/residents may communicate a lack of LGBTQ2S competency to LGBTQ2S clients/patients/residents

- some patients will scan waiting or exam rooms for cues of LGBTQ2S awareness such as books, magazines, pamphlets, and posters (30)
  - such materials may ease clients'/patients'/residents' anxiety and facilitate comfort with disclosing sexual and gender identity (30)

- for solutions to this barrier, please see the "Visual Inclusion", "Information Inclusion" and "Gender Inclusive Washrooms" section of this document under "Institutional and Organizational Best Practices"

INTAKE FORMS

- intake forms may unintentionally assume that clients/patients/residents are heterosexual and cisgender

- this may prevent reporting aspects of clients/patients/residents sexuality and gender that may be relevant to their health care needs (31, 32, 33, 34)

- for solutions to this barrier, please see the "Policies, Forms, and Patient Literature" section of this document under "Institutional and Organizational Best Practices"

LACK OF EDUCATION AND TRAINING ON LGBTQ2S HEALTH AND HEALTH CARE

- education and training on LGBTQ2S health and health care is often not sufficient in medical school programs (34, 35) or as part of health care provider's continuing education

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- standardized protocols for cisgender clients/patients/residents may not apply to LGBTQ2S clients/patients/residents (35)

- many sections throughout this handbook will help you in learning more about LGBTQ2S health and health care, the "Training and Knowledge Sharing" section under "Institutional and Organizational Best Practices" may be especially useful

LACK OF INSTITUTIONAL SUPPORT

- financial and human resources may be lacking for training and outreach specific to meeting the needs of LGBTQ2S clients/patients/residents (35)

- interest for LGBTQ2S training and education may vary between staff (e.g. social workers, nurses, doctors, administrative staff)

- health care staff may also not have sufficient time, autonomy or support to attend LGBTQ2S education and training sessions

- the "Recommendations" section near the end of this document will discuss some recommendations for increasing institutional support

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HEALTH CARE PROVIDER BARRIERS

REFERRALS

- referring clients/patients/residents to diversity competent care may be difficult because providers may not know how competent other providers are (36)

- over-referral (i.e., one provider refers the patient to another provider who then refers the patient to another provider) may give LGBTQ2S clients/patients/residents an impression that care is not available to them
  - it may also delay timely treatment, or place greater burdens on the client/patient/resident to find a competent care provider on their own

- referral to LGBTQ2S organizations may not be appropriate for those who do not want to or have not come out

- with some basic knowledge, skills and support, health care providers may be able to provide care to LGBTQ2S clients/patients/residents and avoid these barriers

- for solutions to this barrier, please see the "Training and Knowledge Sharing" section under "Institutional and Organizational Best Practices""

DISCOMFORT

- related to the lack of education and training on LGBTQ2S health and health care, providers may feel uncomfortable in providing care to LGBTQ2S clients/patients/residents, especially if they have not had exposure to LGBTQ2S clients/patients/residents (26, 33, 34, 35)

- shock, discomfort and lack of knowledge undermine LGBTQ2S clients'/patients'/residents' confidence in their health care provider (26, 33, 34, 35)

- experience with LGBTQ2S clients/patients/residents as well as learning some basics of LGBTQ2S health and health care can often reduce discomfort

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LANGUAGE / COMMUNICATION

- a provider's use of non-inclusive language is a barrier for LGBTQ2S clients/patients/residents comfort in seeking care from that provider (31, 32, 33)
    - for example, asking a lesbian cisgender woman if they have a "boyfriend"
    - for example, using derogatory language such as "fag", "berdache", "tranny"

- for solutions to this barrier, please see the "Glossary of Terms" at the end of this document to familiarize yourself with terms that LGBTQ2S may use and those that health care providers should be aware of

NEGATIVE STEREOTYPES / ATTITUDES

- health care providers may hold negative stereotypes and attitudes about LGBTQ2S patients/clients/residents that could impede caregiving (23, 37)

- for solutions to this barrier, please see the "Reflecting on Attitudes" section under "Health Care Provider Best Practices"

DISCRIMINATION

- discrimination against LGBTQ2S people has involved refusal of treatment by health care staff, verbal abuse, and disrespectful behaviour, as well as many other forms of failure to provide adequate care (38, pg. 62; 39)

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HIGHLIGHTING COMPLEXITY IN LGBTQ2S HEALTH

It is important to recognize that LGBTQ2S people are diverse--for example, in terms of Indigeneity/Aboriginality, race, ethnicity, nationality/citizenship, gender, sex, ability, age, class and much more--and that the unique combination of all aspects of one's diversity affects health outcomes. For example, a trans woman of colour is likely to experience health in ways that are different from a cisgender bisexual man.

To highlight the impact of how these barriers have complex relationships to the health of LGBTQ2S clients/patients/residents, **a brief overview of some of the health disparities** that LGBTQ2S people experience are included below.

ACCORDING TO CANADIAN DATA FROM THE NATIONAL POPULATION HEALTH SURVEY…

- men who had sex with men (MSM) in BC were twice as likely as other men in BC to smoke within the past year (40)

- younger MSM, MSM who had depressive symptoms, and Aboriginal MSM were even more likely to report having smoked in the past year (40)

ACCORDING TO THE RECENT PROVINCIAL HEALTH OFFICER'S REPORT ENTITLED HIV, STIGMA AND SOCIETY…

- in BC in 2011, gay and bisexual men made up 57 per cent of new HIV infections and 45 per cent of all people known to be living with HIV (41, pg. ix)

- rates of new HIV diagnoses have been shown to vary by:
  - **health region**: most diagnoses occurred in the Vancouver Coastal Health region, followed by Fraser Health, Interior Health, Vancouver Island Health, and Northern Health (41)
  - **age**: gay and bisexual men 30 to 44 years of age had the highest proportion of new diagnoses among gay and bisexual men from 2004 to 2012 (41)
  - **ethnicity**: from 2004 to 2012 71% of new HIV diagnoses were among Caucasian men, followed by 11% of Asian men, 7% of Latino men, and 5% of Aboriginal men (41)

ACCORDING TO THE COMBINED DATA FROM THE 2003 AND 2005 CANADIAN COMMUNITY HEALTH SURVEY...

- lesbian women were less likely to have had a pap smear in the past two years compared to heterosexual women (42)

- bisexual women aged 50-59 were substantially less likely to have had a mammogram in the past three years compared to heterosexual women (42)

- bisexual women were more likely than heterosexual women to have had at least one disability day due to physical illness in the previous two weeks (42)

- bisexual men and women reported more unmet health care needs than did their heterosexual counterparts (42, pg. 53)

- lesbian and bisexual women are less likely to have a regular doctor (42)

- mental health concerns were high for bisexual men and even more so for women (42)

ACCORDING TO THE TRANS PULSE STUDY COMPLETED IN ONTARIO, CANADA…

- racism and transphobia interacted to increase odds of HIV-related sexual risk behaviour among trans people of colour (43, pg. 104)

- 21% of trans Ontarians reported avoiding the emergency department when emergency care was needed specifically because of concerns relating to accessing emergency department care as a trans person (39, pg. 716)

- female-to-male (FTM) persons were statistically significantly more likely to have accessed the emergency department in their felt gender than male-to-female (MTF) persons (39, pg. 716)

- an estimated 30% of trans Ontarians were living their day-to-day lives in their birth gender, 23% were living in their felt gender with no medical intervention (44, pg. 1)

- male-to-female (MTF) persons were less likely to report living in their felt gender than female-to-male (FTM) spectrum persons (44)

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ACCORDING TO THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY IN THE UNITED STATES…

- male-to-female (MTF) trans people were the most likely to report being refused care (22%), following by female-to-male (FTM) trans people (19%) and then gender non-conforming trans people (6%) (45)

- trans people of color were more likely to be refused care with trans Indigenous people being the most likely to be refused care (36%), followed by trans multi-racial people (27%), then, Hispanic (22%), Black (19%), White (17%), and Asian (15%) (45)

- 25% of trans African Americans reported HIV infection, followed by 11% of Latino/Latina, 7% Indigenous, 4% Asian, 4% multi-racial and 1% White (45)

- non-US citizens reported more than twice the rate of HIV infection than US citizens with 8% for documented non-citizens, 7% for undocumented people, and 2% of US citizens reporting HIV infection (45)

- suicide attempts among trans people varied by employment with 60% of those working in street economies reporting have attempted suicide, followed by 55% of those who lost their job due to discrimination, 51% of those who were unemployed, and 37% of those who were employed (45)

ACCORDING TO THE VERY FEW STUDIES OF TWO-SPIRIT PEOPLE IN NORTH AMERICA…

- Two-Spirit people were more likely to report childhood physical abuse, more historical trauma in their families (i.e., parents, grand-parents, great-grand-parents), higher levels of psychological symptoms (i.e., anxiety, post-traumatic stress), and use of mental health services (46) compared to heterosexual people

- Two-Spirit participants also reported using alcohol to improve social skills and manage mood/tension (46)

- Two-Spirit participants were more likely to have used illicit drugs other than marijuana (46)

- one Vancouver study found that among 25 LGBTQ2S Aboriginal participants, 92% had experienced domestic violence, 44% had HIV, and 28% had Hepatitis C (5)

BEST PRACTICES FOR PROVIDING DIVERSITY COMPETENT CARE GUIDELINES

Best practices for providing diversity competent care to LGBTQ2S clients/patients/residents can be divided into two broad categories:

- Institutional and organizational best practices

- Individual or health care provider best practices.

Please note that these best practices are guidelines and that individual needs may vary.

INSTITUTIONAL AND ORGANIZATIONAL BEST PRACTICES

Institutional or organizational best practices focus on ways in which to create LGBTQ2S positive and inclusive spaces.

VISUAL INCLUSION

- visual inclusion should only be pursued <u>after</u> an organization has developed LGBTQ2S competency to avoid creating a false expectation of LGBTQ2S competency

- visual inclusion, or having resources that shows diverse LGBTQ2S people and relationships, is one way to create a positive and inclusive space for LGBTQ2S people (33)

- visual inclusion can involve displaying materials from local LGBTQ2S organizations and HIV/AIDS organizations (33)

- have LGBTQ2S specific magazines and newsletters in waiting areas (33)

- have LGBTQ2S symbols displayed such as a rainbow flag or acknowledgement of the traditional Indigenous territories (33, 34)

- be aware of and acknowledge special LGBTQ2S days such as: (31, 33)
    - Trans Day of Remembrance (November 20)
    - Celebrate Bisexuality Day (September 23)
    - Pride Festivals (summer, varies depending on area)
    - International Day Against Homophobia (May 17)

- visibly display your organization's policy on discrimination (33, 34)

Below is a list of some resources to help support visual inclusion of diverse LGBTQ2S people

Resource	Description
The Native Youth Sexual Health Network: Healthy Sexuality & Fighting Homophobia & Transphobia Campaign	• The Native Youth Sexual Health Network (NTSHN) is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice throughout the United States and Canada. • The Native Youth Sexual Health Network has developed a series of images that can be used as posters, postcards, as well as community newspaper inserts for articles and awareness. To download the series and for more information please visit their website at http://nativeyouthsexualhealth.com/youthphotoproject.html
This Is Our Community: Bisexual Anti-Stigma Campaign Posters	• Rainbow Health Ontario has developed a series of 4 posters of diverse bisexual people. • Posters and postcards can be downloaded or purchased from the Rainbow Health Ontario website. For more information, please visit their website at http://www.rainbowhealthontario.ca/
Our City of Colours	• Our City of Colours has developed a series of multilingual posters featuring people of various linguistic, cultural, racial, and ethnic communities. • Posters can be downloaded or requested from the Our City of Colours website. For more information, please visit their website at http://www.ourcityofcolours.com/posters/

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Health Initiative for Men	• The Health Initiative for Men has a number of posters and postcards related to gay men's health that can be requested. They also have multiple clinics, one of which is in New Westminster. For more information, please visit their website at http://checkhimout.ca/
Catie	• Catie offers a range of LGBTQ2S-specific HIV and Hep C prevention pamphlets and posters. For more information, please visit their website at http://www.catie.ca
QMUNITY, BC's Queer Resource Centre	• QMUNITY distributes print resources such as a chest health resource for trans folk, and a series of LGBTQ2S relationship abuse resources. For more information, please visit their website at http://www.qmunity.ca

INFORMATIONAL INCLUSION

- informational inclusion, or having and displaying resources specific to LGBTQ2S health concerns, signals inclusion and competence in LGBTQ2S health needs (33)

- have and display information about local organizations that provide social and support services for LGBTQ2S clients/patients/residents

- provide multilingual information where appropriate (33)

Below is a list of some resources to help support informational inclusion of diverse LGBTQ2S people

Resource	Description
Top Ten Issues to Discuss with your	• In the United States, GLMA: Health Professionals Advancing LGBT Equality, previously known as the Gay & Lesbian

Health Care Provider (Separate lists available for lesbian, gay, bisexual, and trans clients)	Medical Association, has a simple top ten issues list that may encourage clients to discuss particular health needs with health care providers. • The lists can be found and downloaded from their website. For more information, please visit their website at http://www.glma.org/
Vancouver Coastal Health (VCH) Transgender Health Information Program (THiP)	• The VCH Transgender Health Information Program (THiP) is a resource hub that provides information to anyone in BC with a transgender health question. • Trans health, terminology and provider networks can be found through contacting the Transgender Health Information program. For more information, please visit their website at http://transhealth.vch.ca/

POLICIES, FORMS, AND PATIENT LITERATURE

- policies, forms, and patient literature should be reviewed and revised for heterosexual and cisgender bias as well as non-inclusive language (11)

- on forms, having spaces where clients may self-identify their sexuality and gender

- if options for gender and sexuality are listed, it is important to keep up-to-date with the language that is currently considered appropriate when referring to LGBTQ2S people

Practical Tip: The most inclusive way to ask about gender and sexuality is to have a blank space where clients may self-identify their gender and sexuality.

For example: Gender: _____ , Gender pronouns: _____,

Sexual Orientation: _____

Below are some sample resources on inclusive policies, forms, and patient literature

Resource	Description
Straight for Equality Sample Intake Form	• Straight for Equality has a sample intake form that includes questions and phrasing that is more inclusive. Their sample intake form can be found on their website at http://www.straightforequality.org/HealthcareMaterials
Asking the right questions 2	• The Centre for Addiction and Mental Health (CAMH) has put together a guide for talking with clients about sexual orientation and gender identity in mental health, counselling and addiction settings. • Many of the questions may be useful outside of these settings as well. The complete guide can be accessed on the CAMH website at https://knowledgex.camh.net/amhspecialists/Screening_Assessment/assessment/ARQ2/Pages/default.aspx

For more information contact diversity.services@fraserhealth.ca

TRAINING AND KNOWLEDGE SHARING

- ensure that staff receive training on providing care to LGBTQ2S clients/patients/residents (31, 34)
  - training should be ongoing, include diverse facilitators, and should discuss current and relevant LGBTQ2S knowledge

- create opportunities for staff to supportively share experience and expertise through informal and formal networks (34)

- enhance training by ongoing discussions about tips and strategies that emerge from actual experiences with clients/patients/residents (34)
  - these discussions should maintain the confidentiality of clients/patients/residents
  - it is important avoid stereotyping or overgeneralizing about LGBTQ2S in these discussions

- have informational, financial, and human resources to support volunteers and staff in developing diversity competency with LGBTQ2S clients/patients/residents (34)

- include LGBTQ2S clients/patients/residents as well as staff in providing feedback, service, and planning (34, pg. 539)

Below are some resources for training and knowledge sharing around providing care to LGBTQ2S clients/patients/residents

Resource	Description
Diversity Competency In-Person Workshop: Providing Care to LGBTQ Clients	- Fraser Health currently offers training on providing care to LGBTQ clients. - Please visit the link below to sign up for an in-person workshop. For more information, please visit https://ccrs.vch.ca/ and search for "Providing care to LGBTQ clients"
Prism Services (Vancouver Coastal Health)	- Prism provides workshops and training for service providers, community members, students and service users on inclusion, diversity and promoting health and

	wellness for the LGBTQ2S communities. For more information, please email Prism Services at prism@vch.ca.
LGBTQ2S Community of Practice website	• A communication hub for service providers in the Vancouver Coastal area (and beyond) whose work focuses on the health and wellness of LGBTQ2S people. For more details, please see http://prismcop.ning.com/

GENDER INCLUSIVE WASHROOMS

- trans people may experience harassment based on their gender identity and expression, having gender inclusive washrooms is important for many trans clients/patients/residents to feel safe using washrooms (31, 33)

- having at least one washroom, such as a single-stall washroom, that is inclusive of all genders is recommended (33)

- it is important that not all multi-stall washrooms become gender inclusive because, for example, women who are victims of physical and sexual assault may not feel like they can access a washroom in which all genders may be present, particularly men

- non-gendered washroom signs can simply be a graphic of a toilet or can be explicitly labelled as "All Gender Washroom"

Below is an example of a gender inclusive washroom sign for a single-stall washroom that is accessible to those with mobility and visual disabilities

http://www.mydoorsign.com/blog/wp-content/uploads/2013/05/All-Gender-Restroom-Sign.gif

For more information contact diversity.services@fraserhealth.ca

ORGANIZATIONAL CULTURE AND CONSISTENCY

- providing diversity competent care to LGBTQ2S clients/patients/residents is most effectively achieved through a joint effort of all volunteers and staff (34)

- implementation of inclusive forms and policies should be concise and consistently revisited (32)

OUTREACH

- for health care providers who have already developed or are developing LGBTQ2S competency, marketing, promoting and doing outreach about services can help increase the number of LGBTQ2S clients/patients/residents receiving competent care (34)

PROCESS FOR COMPLAINTS

- having a clear way of handling and resolving complaints from LGBTQ2S clients/patients/residents (34)

DON'T MAKE ASSUMPTIONS ABOUT ME OR ANYBODY ELSE. TAKE YOUR CHALKBOARD AND WIPE IT CLEAN EVERY TIME YOU ENTER INTO CONVERSATION WITH A NEW PATIENT. GO IN WITH CLEAR EYES AND PURE HEART, UNDERSTANDING THAT WE ARE ALL PERSONS, EVEN THOUGH THE WAY WE ARE IN THE WORLD IS DIFFERENT. WHEN WE ARE CUT, WE ALL BLEED...YOU MIGHT SAY YOU DON'T HAVE TIME. I SAY TIME IS RELATIVE. THERE IS ALWAYS TIME TO TREAT OTHER PEOPLE LIKE HUMAN BEINGS.

(QUOTE FROM A LESBIAN WOMAN OF COLOUR IN 47, PG. 93)

For more information contact diversity.services@fraserhealth.ca

HEALTH CARE PROVIDER BEST PRACTICES

In order to develop greater competency in providing care to LGBTQ2 clients/patients/residents, health care providers should:

- increase their knowledge about LGBTQ2S people and health

- reflect on their own attitudes about LGBTQ2S people

- develop skills for providing diversity competent care to LGBTQ2S clients/patients/residents.

LGBTQ2S

This section will provide a general overview of some basic knowledge, reflections exercises, and skills in providing care to LGBTQ2S clients/patients/residents

KNOWLEDGE

- gaining knowledge about LGBTQ2S people and their health can increase understanding and awareness that can help reduce some of the barriers to health and health care that LGBTQ2S clients/patients/residents experience.

- below is some basic information to keep in mind when providing care to LGBTQ2S clients/patients/residents

DISTINGUISHING BETWEEN SEXUAL ATTRACTION, SEXUAL IDENTITY, AND SEXUAL BEHAVIOUR

- sexual attraction, sexual identity and sexual behaviour are all different components of a person's sexuality

- being able to distinguish between sexual orientation, identity and behaviour allows us to understand that a person's sexual history is complex and could change over time

- it is important not to make assumptions about a client's/patient's/resident's sexual attraction, identity or behaviour based only one aspect of their sexuality

Below are some definitions and examples to help distinguish between these terms

Term	Definition	Example Distinguishing Between Aspects of Sexuality
Sexuality	- Refers to the unique combination of one's sexual orientation, identity and behaviour.	

PROVIDING DIVERSITY COMPETENT CARE TO TWO-SPIRIT CLIENTS

Sexual attraction or orientation	• Refers to the capacity of a person to develop intimate, emotional, and/or sexual relationships with people of the same genders or different genders. • Attraction is separate from sexual identity or behaviour. (11, pg. 6)	• When Charlie, a cisgender woman, first began developing feelings for women, she did not identify as a lesbian or queer, nor did she have sex with women.
Sexual identity	• Refers to how a person **self-identifies** their sexuality. Sexual identity may not be congruent with sexual behaviour or attraction. (11, pg. 6)	• Jamie, a cisgender man, identifies as straight, but regularly has sex with men because he finds himself sexually attracted to men.
Sexual behaviour	• Refers to what a person does sexually. • A person's sexual behaviour can be different from their sexual attraction or orientation. (11, pg. 6)	• Morgan, a trans woman, has sex with men for money, but identifies as a lesbian and is attracted to women.

Practical Tip: A client's/patient's/resident's sexual identity does not necessarily describe the sex they have had in the past, present or future. It is important to take comprehensive sexual histories that allow for all clients/patients/residents to disclose the genders of their past and current partners as well as the types of sex they have had (e.g. oral, anal, vaginal, with sex toys, with or without condoms).

For more information contact diversity.services@fraserhealth.ca

DISTINGUISHING BETWEEN SEX, SEXUALITY AND GENDER

- sexuality and gender are often confused with one another

- sex and gender are not interchangeable terms
  - such an assumption may erase the experiences and needs of certain clients/patients/residents accessing care (26)

- it is important not to assume a person's sexuality based on their gender and vice-versa
  - for example, we often assume very muscular and "masculine" looking men are cisgender and have sex with women

Below are some definitions and examples to help distinguish between these terms

Term	Definition	Example Distinguishing Between Sexuality and Gender
Sex	• Refers to biological attributes and may be used as legal categories to classify humans as male, female, intersex or other categories. • Primarily associated with physical and physiological features including chromosomes, genetic expression, hormone levels and function, and reproductive/sexual anatomy (3)	
Sexuality	• Refers to the unique combination of one's sexual orientation, identity and behaviour.	• Jessie identifies as a trans man and prefers to date women.
Gender	• Refers to the socially and culturally constructed roles, behaviours, expressions and identities of girls, women, boys, men, and trans people. (3)	• Anita identifies as a woman and prefers to date women. • Vlad identifies as a man and prefers to date men. • Jordan identifies as genderqueer and prefers to date other genderqueer people.

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Man	• Refers to a human being who self-identifies as a man, based on elements of importance to the individual, such as gender roles, behaviour, expression, identity, and/or physiology (3)	
Woman	• Refers to a human being who self-identifies as a woman, based on elements of importance to the individual, such as gender roles, behaviour, expression, identity, and/or physiology (3)	

Important Note: It is important to respect that the ways in which we understand sexuality and gender are informed by our own culture and that other cultures may not view sexuality and gender in the same way. For example, some cultures do not view "coming out" as a necessary part of their sexuality. Other cultures may also have unique sexual and gender identities such as the Two-Spirit identity.

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DISTINGUISHING BETWEEN SEXUAL ATTRACTION AND GENDER EXPRESSION

- gender expression is sometimes confused with sexual attraction, such as when an effeminate man is assumed to be non-heterosexual or a masculine man is assumed to be heterosexual
    - both men in this example may be non-heterosexual, but based on the assumptions about gender expression and sexual attraction, only one of them is likely to receive LGBTQ2S health information

- it is important to recognize that the diversity of LGBTQ2S people includes diversity in appearance, mannerisms, clothing and physical characteristics

Below are some definitions and examples to help distinguish between these terms

Term	Definition	Examples to distinguish between sexual attraction and gender expression
Sexual attraction or orientation	• Refers to the capacity of a person to develop intimate, emotional, and/or sexual relationships with people of the same genders or different genders. • Attraction Sexual attraction and orientation is separate from sexual identity or behaviour. (11, pg. 6)	• Ryan, a cisgender man, works as a successful hair stylist by day and by night spends time with his loving partner Taylor, a cisgender woman.
Gender expression	• Refers to how a person represents or expresses their gender identity to others, often through name, pronoun choice, behaviour, clothing, hairstyles, voice or body characteristics. (1, 4)	• Charlie, a cisgender woman, wears baggy clothes, plays sports and is quite tomboyish. Charlie identifies as a straight woman.

DISTINGUISHING BETWEEN GENDER IDENTITY AND GENDER EXPRESSION

- a person's gender expression may vary, even when their gender identity does not

Below are some definitions and examples to help distinguish between these terms

Term	Definition	Examples to distinguish between gender identity and expression
Gender identity	Refers to the internal and psychological sense of oneself as a woman, a man, both, in between, or neither. (3)	Charlie, a cisgender woman, wears baggy clothes, plays sports and is quite tomboyish. Charlie identifies as a straight woman.
Gender expression	Refers to how a person represents or expresses their gender identity to others, often through name, pronoun choice, behaviour, clothing, hairstyles, voice or body characteristics. (1,4)	When Jessie first began his transition, Jessie was often referred to as a woman based on his appearance even though he self-identified as a man.

Practical Tip: Respecting a person's gender identity is vital regardless of how a person expresses their gender. If a person comes in and has a beard, but identifies as woman, it is important to affirm their identity as a woman.

UNDERSTANDING THE DIVERSITY OF LESBIAN, GAY, BISEXUAL, TRANS, QUEER AND TWO-SPIRIT PEOPLE

- LGBTQ2S people are diverse in many ways. Below are some aspects of diversity to keep in mind when working work with LGBTQ2S clients/patients/residents

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MULTIPLE IDENTIFICATIONS ARE POSSIBLE

- the acronym LGBTQ2S includes both sexual and gender identities, people may identify with both a sexual and gender identity in various combinations
  - for example, someone can identify with a trans gender identity and a bisexual sexual identity

- the terms queer and Two-Spirit are inclusive of many types of non-heterosexual and non-cisgender identities, some queer and Two-Spirit people may additionally identify as lesbian, gay, bisexual or trans

- identifications may also change over time, such as a cisgender man who identifies as gay deciding to identify as queer later in his life

> **Practical Tip:** Respecting and affirming the specific words that a client/patient/resident uses to describe themselves is important. Forms and questions that allow for optional and voluntary self-disclosure of sexual and gender identity can help determine which words a client/patient/resident prefers (please see the "Policies, Forms, and Patient Literature" section). Also, listening and mirroring the language the client/patient/resident uses to describe themselves is also useful.

IDENTIFICATIONS BEYOND LGBTQ2S ARE POSSIBLE

- it is important to recognize that there are many identifications and words describing sexuality and gender that are not encompassed by the acronym LGBTQ2S

- different cultures and languages may have unique terms and ways of understanding and expressing sexuality and gender

SIMILARITIES AND DIFFERENCES IN EXPERIENCES

- while LGBTQ2S people certainly experience similar forms of oppression and discrimination based on their gender and sexuality, each subgroup within the LGBTQ2S acronym will also have **unique experiences** that may not be shared by other LGBTQ2S

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- o for example, a [cisgender](#) lesbian woman may have health needs related to being a woman that a [cisgender](#) gay man would not have

- a more detailed discussion of some of these differences are highlighted in the sections covering each specific subgroup below

QUEER

- the term queer can have very different and very specific meanings for people and may refer to a variety of non-heterosexual and non-cisgender identities depending on the particular person identifying as queer
  - o some use it to refer to all sexual and gender minorities
  - o some use it to refer to sexual and gender identities that are not adequately captured by the terms lesbian, gay, bisexual, and trans

- it is best not to make assumptions about the sexuality or gender of those who identify as queer and instead let the client/patient/resident clarify their identity and guide the discussion of their health needs
  - o Not all trans people consider trans as being part of the term 'queer'
  - o Not all queer people see queer identities as being synonymous with LGBT.
  - o It is important to be aware that there is concern that umbrella terms may over- or underemphasize some or many of the identities within the umbrella term over others.

DIVERSITY

- it is important to recognize that LGBTQ2S people may also be diverse in many other ways such as in religion, race, ethnicity, class, ability, nationality/citizenship, age, gender, sex, etc.

- it is important to understand that gender and sexuality will be understood uniquely for each client/patient/resident and not to make assumptions about how clients/patients/residents understand their sexuality and gender

For more information contact diversity.services@fraserhealth.ca

Practical Tip: Always ask about sexuality and gender instead of assuming clients/patients/residents sexuality and gender.

COMING OUT

Below are some definitions and examples to help distinguish between these terms

Term	Definition
Coming out or "coming out of the closet"	- Refers to the process of becoming aware of one's sexual and/or gender identity, accepting it, and telling others about it. - This is an ongoing process that may not include everybody in all aspects of one's life. 'Coming out' usually occurs in stages and is a non-linear process. - An individual may be 'out' in only some situations or to certain family members or associates and not others. - Some may never 'come out' to anyone beside themselves. (1)
Outing	Refers to the act of disclosing a person's sexuality or gender without their consent

Practical Tip #1: When discussing coming out with clients/patients/residents, it is important to understand the client's/patient's/resident's specific situation and if there are any safety concerns (e.g. being thrown out of the house, potential for violence).

Possible questions that could be used include: What do you think is the worst case scenario if you came out? Are you prepared for this worst case scenario? Do you have a plan B, if it doesn't go well?

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Practical Tip #2: It is also important to honour and respect that disclosure is the client's/patient's/resident's decision and that some clients/patients/residents may not want to come out.

Practical Tip #3: Be clear about the confidentiality of information about clients/patients/residents sexuality and gender. "Outing" a client/patient/resident can be a traumatic experience for them.

FAMILIES

- LGBTQ2S clients/patients/residents have parents and caregivers and can also be parents and caregivers themselves

- it is important that resources for families are also inclusive of LGBTQ2S families (34)

Below are some resources that may parents and caregivers of LGBTQ2S clients/patients/residents

Resource	Description
The Family Acceptance Project	- The Family Acceptance Project™ is a research, intervention, education and policy initiative that works to prevent health and mental health risks for lesbian, gay, bisexual and transgender (LGBT) children and youth, including suicide, homelessness and HIV – in the context of their families. - Their website has many resources including a resource guide on helping families support their LGBT children. For more information, please visit their website at http://familyproject.sfsu.edu/

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Rainbow Families	• This group is for LGBT Families (and those planning to be). • This group organizes social activities, play dates, information sessions and support activities for LGBTQ families. For more information, please visit their website at http://www.meetup.com/RainbowFamiliesVancouver
Vancouver Gay Dads Group	• This group is for gay men who are Dads or want to become Dads. • Social activities, play dates, information sharing or adoption choices and surrogacy are emphasized. For more information, please visit their website at http://www.meetup.com/Vancouver-Gay-Dads-Group

Practical Tip: Open-ended questions like "is there anyone important in your life that you want to include in your care?" can help be more inclusive of LGBTQ2S families and to ensure you are not making assumptions about the make-up of their family

REFLECTING ON ATTITUDES

- health care providers should reflect on their attitudes regarding LGBTQ2S people because their attitudes can affect the care that they provide to LGBTQ2S clients/patients/residents (37)

- the following three exercises--reflecting on assumptions, word associations and privileges--allow for self-reflection about one's own attitudes about LGBTQ2S clients/patients/residents

- be as honest as possible--this is the only way this exercise will work!

- in going through these exercises, please consider:
  o how your own assumptions, associations, and privileges may affect the care provided to LGBTQ2S patients/clients/residents
  o how these assumptions, associations, and privileges affect LGBTQ2S clients/patients/residents within and outside of health care settings

EXERCISE 1 – REFLECTING ON ASSUMPTIONS (ADAPTED FROM 23, PG 8.)

Write down the assumptions you have about people who are:

LESBIAN

GAY

BISEXUAL

TRANS

QUEER

TWO-SPIRIT

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EXERCISE 2 – REFLECTIONS ON WORD ASSOCIATIONS (ADAPTED FROM 23, PG. 8)

Write down all of the words that you have heard associated with the following words:

LESBIAN

GAY

BISEXUAL

TRANS

QUEER

TWO-SPIRIT

For more information contact diversity.services@fraserhealth.ca

- Are there themes?

- What positive associations did you have for each term?

- Ask yourself how these words inform your own attitudes and beliefs about LGBTQ2S people?

- What impacts would these words have on an LGBTQ2S person's self-concept?

- What impacts would these words and attitudes have on the provision of care?

- What impacts would these words and attitudes have on an LGBTQ2S person's trust of you as a health care provider and of the health care system?

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EXERCISE 3 – REFLECTING ON PRIVILEGES

- there are privileges attached to being heterosexual, cisgender, and/or monosexual

- below are lists that highlight some aspects of heterosexual, cisgender, and monosexual privilege for your self-reflection as well as includes common privileges that are experienced by people who are heterosexual, cisgender, and/or monosexual

- please note that privileges will be uniquely experienced depending on one's own lived experiences as well as across their life and where they live

INSTRUCTIONS

Please read through the following lists of privileges and take some time to reflect on 1) the ways that you may or may not benefit from privileges listed below and 2) how it might be like for people who are LGBTQ2S, who may not have these privileges

Heterosexual Privilege (49, para. 3-42)

- ❖ If I pick up a magazine, watch TV, or play music, I can be certain my sexual orientation will be represented.

- ❖ When I talk about my heterosexuality (such as in a joke or talking about my relationships), I will not be accused of pushing my sexual orientation onto others.

- ❖ I do not have to fear that if my family or friends find out about my sexual orientation there will be economic, emotional, physical or psychological consequences.

- ❖

- ❖ I am not accused of being abused, warped or psychologically confused because of my sexual orientation.

- ❖ I am not asked to think about why I am straight.

- ❖ I can go home from most meetings and conversations without feeling excluded, fearful, attacked, isolated, outnumbered, unheard, held at a distance, stereotyped or feared because of my sexual orientation.

❖ I am never asked to speak for everyone who is heterosexual.

❖ People don't ask why I made my choice of sexual orientation.

❖ People don't ask why I made my choice to be public about my sexual orientation.

❖ I do not have to fear revealing my sexual orientation to friends or family. It's assumed.

❖ My sexual orientation was never associated with a closet.

❖ People of my gender do not try to convince me to change my sexual orientation.

❖ I don't have to defend my heterosexuality.

❖ I can count on finding a therapist or doctor willing and able to talk about my sexuality.

❖ My masculinity/femininity is not challenged because of my sexual orientation.

❖ I am not identified by my sexual orientation.

❖ I am guaranteed to find people of my sexual orientation represented in my workplace.

❖ I can walk in public with my significant other and not have people double-take or stare.

❖ I can choose to not think politically about my sexual orientation.

❖ My individual behaviour does not reflect on people who identify as heterosexual.

❖ People do not assume I am experienced in sex ... merely because of my sexual orientation.

❖ I can be open about my sexual orientation without worrying about my job.

Cisgender Privilege (50)

- ❖ I expect my government-issued identification to accurately represent who I am.

- ❖ I expect access to healthcare.

- ❖ I expect that I will not be denied medical treatment by a doctor on the basis of my gender.

- ❖ I expect that there exists formal training about medical conditions affecting me.

- ❖ There is information about the prevalence of HIV/AIDS and other diseases in my community.

- ❖ I am not forced to adopt a different gender presentation.
- ❖ My gender is acknowledged universally, immediately, and without hesitation.

- ❖ I have unquestioned access to all appropriate sex-segregated facilities.

- ❖ My preferences for my gender have been honoured my whole life, by my doctor, my parents, my teachers, my professors, my relatives, my classmates, my bosses, etc., except before I was able to state preferences, when I was forced to adopt the gender which I now inhabit.

- ❖ Commonly used terminology that differentiates my gender from other genders/sexes implies that I am normal, and that I have unquestionable right to the gender/sex I identify with. The implications these terms make about my gender, my body, my sex, my biology, and my past are all acceptable to me.

- ❖ Bodies like mine are represented in the media and the arts. It is easily possible for representations of my naked body to pass obscenity

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restrictions.

❖ I expect that if I am treated inappropriately by a doctor, my concerns will be taken seriously, and I will be able to find another doctor who will treat me appropriately.

❖ I expect the privacy of my body to be respected. I am not asked about what my genitals look like, or whether or not my breasts are real, what medical procedures I have had, etc.

Monosexual Privilege (2, pg. 88-91)

❖ Society assures me that my sexual identity is real and that people like me exist.

❖ Perception/acceptance of my sexual identity is generally independent of my choices of relationships, partners, and lifestyles.

❖ It is unlikely that disclosing my sexual identity in a non-sexual context will be taken as a sign of sexual availability or consent.

❖ When I disclose my sexual identity to others, they believe it without requiring me to prove it (usually by disclosing my sexual and romantic history).

❖ I can feel sure that, upon disclosing my sexual identity people accept that it's my real/actual sexual identity (rather than assuming that I am lying or simply wrong).

❖ I can be confident that people will not rename my sexual identity or use different words to describe my identity than I do.

❖ When seen with a partner I'm dating, I can be certain I will be recognized as a member of my sexual-identity group by members of my community.

❖ I am never considered closeted when disclosing my sexual identity.

❖ I am considered to have more authority in defining and judging bisexuality than people who identify as bisexual.

❖ I feel welcomed at appropriate services or events that are segregated by sexual identity (for example, straight singles nights, gay community centers, or lesbian-only events).

❖ I can feel sure that if I choose to enter a monogamous relationship, my friends, community, or partner will continue to accept my sexual identity, without expecting or pressuring me to change it.

❖ I do not need to worry about potential partners shifting instantly from amorous relations to disdain, humiliating treatment, or verbal or sexual violence because of my sexual identity.

❖ I can choose to be in a polyamorous relationship without being accused of reinforcing stereotypes against my sexual-identity group.

❖ I can find, fairly easily, reading material, institutions, media representations etc. which give attention specifically to people of my sexual identity.

❖ I can feel certain that normal everyday language will include my sexual identity.

❖ I have the privilege of not being aware of my privileges.

Below are some definitions and examples to help distinguish between these terms

Term	Definition
Privilege	• a right or immunity granted as a peculiar benefit, advantage, or favour (48)
Monosexual	• a person who is attracted to people of no more than one gender (2, pg. 17)
Cisgender (also cissexual)	• Having a gender identity that matches one's assigned sex, non-trans (3)

For more information contact diversity.services@fraserhealth.ca

SKILLS

The skills sections below has some more concrete suggestions to help you provide better care to LGBTQ2S clients/patients/residents

TRAUMA INFORMED PRACTICE

- many LGBTQ2S people experience trauma in their lives such as violence, abuse, and other forms of discrimination

- health care providers have recommended taking a trauma informed approach with LGBTQ2S clients/patients/residents

Below is a resource for trauma informed practice

Resource	Description
BC Centre of Excellence for Women's Health - Trauma Informed Practice Guide	- The BC Centre of Excellence for Women's Health has developed a guide on trauma informed practice. For more information, please visit their website at http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

RELATIONSHIP BUILDING

- health care providers have highlighted the importance of building relationships and trust with clients/patients/residents because LGBTQ2S clients/patients/residents may already have a history of negative experiences in trying to access LGBTQ2S competent health care

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Practical Tip: If a client/patient/resident is nervous or uncomfortable about getting a test or procedure (eg. a STI test), a healthcare provider can:

i) revisit the conversation later in the session or at future sessions

ii) emphasize that it is their decision and they can have the test or procedure when they feel comfortable

iii) provide additional information and let them know that you are open to discuss the test or procedure again when they are ready

RESPECTING SELF-IDENTIFICATION

- self-identification of gender, sexuality, and health needs should always be respected
  - for example, trans men often have difficulties in receiving pap smears because health care providers may make the assumption that trans men have penises and deny providing the service

Practical Tip: Accept clients/patients/residents self-identification of their gender, sexuality and health needs. Work with the client/patient/resident to figure out how to best respond to their health concerns.

AVOIDING ASSUMPTIONS

- barriers can be greatly reduced in providing care to LGBTQ2S clients/patients/residents by not making assumptions

- some assumptions to avoid include:
  - a person's gender (how they identify and express their gender)
    - for example, a person who has a thick beard may identify as a woman
    - for example, a person who wears a dress may identify as a man
  - a person's sexuality (how they identify their sexuality, who they have sex with and what kinds of sex they have)

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- for example, a person who identifies as gay may not engage in anal sex
- for example, a person who identifies as a lesbian may have had sex with men at same time in their lives
  - o a person's genitals
    - for example, a person with a beard may have a vagina or penis
  - o if a person has or has not medically transitioned
    - for example, a person who looks gender nonconforming may not ever feel a need to transition
  - o the sexuality and gender of a person's partner
    - for example, a [cisgender](#) lesbian woman may be dating a trans bisexual woman
  - o a person's family
    - for example, a client/patient/resident may have a chosen family or a family of more than or less than two caregivers

TIPS ON PROVIDER-PATIENT COMMUNICATION

- relax - clients/patients/residents may be nervous as well

- assure confidentiality (34, pg. 539)

- ask for permission and consent when asking questions about clients/patients/residents sexuality and gender

- explain why you are asking the questions you are asking (34)
  - o for example, is it okay if I ask you about the surgeries that you have had in order for me to provide you the most appropriate care?

- apologize briefly if mistakes happen and try not to make the same mistakes again
  - o for example, I am so sorry for referring to you using the incorrect gender pronoun, I will make sure that it doesn't happen again, returning back to your question/health concern

- be overtly non-judgemental, affirming, as well as challenging other colleagues about negative attitudes or comments (34, pg. 539)
  - o for example, if a client/patient/resident tells you they have anal sex, ask them if they would like more information about anal sex and how to keep themselves and their partners safer

- o for example, if a colleague makes a homophobic (e.g. "That's so gay!") or transphobic (e.g., "she looked like a tranny") comment, tell them that the comment is offensive and that you prefer they do not make comments like that in the future because it negatively affects the health care environment for LGBTQ2S clients/patients/residents as well as LGBTQ2S staff members

- clarify and use clients'/patients'/residents' terms by mirroring the way they talk about their sexuality, gender and identity (34, pg. 539)

- ask open questions that allow clients/patients/residents to disclose what they are comfortable with, including partners and non-biological parents or caregivers (34, pg. 539)
    - o for example, is there anyone special or important in your life that you would like to acknowledge?

- normalize sexual history by asking all clients/patients/residents the same set of questions with a non-judgemental tone, and emphasizing confidentiality (34, pg. 539)
    - o for example, have you had sex with men, women, trans men, or trans women currently or in the past?

- facilitate disclosure, responding appropriately (generally positively) to disclosure, and respecting non-disclosure (34, pg. 539)
    - o for example, if a client/patient/resident comes out as a lesbian, you can thank them for sharing this important part of their life with you and ask what services you can provide them

- avoid overemphasis on clients'/patients'/residents' sexuality or gender
    - o for example, continually talking about and listing examples of how accepting you are of trans people may not be the type of conversations that your trans client/patient/resident wants to have
    - o for example, if a bisexual client is feeling depressed, it might not be appropriate to assume that their bisexuality is the cause of their depression.

PROVIDING CARE TO A TWO-SPIRIT CLIENT

This section of the document will provide information specific to providing competent care to bisexual people

TERMS TO BE AWARE OF WHEN PROVIDING CARE TO TWO-SPIRIT CLIENTS

Term	Definition
Colonialism	- Colonialism is a system of attitudes, bias, and discrimination that allows for the taking and exploiting of lands and disempowerment of the peoples of those lands, particularly Indigenous lands and people. (27) - It also includes events such as the British colonization of India and French colonization of Vietnam. - Colonialism can occur in laws, policies, and everyday interactions. - For example, the use of the Indian Act to control and assimilate Aboriginal people. (13, pg. 10) - For example, the creation of Indian Residential Schools that subjected many Aboriginal children to abuse as well as loss of language and culture. (13) - For example, the colonization of Vietnam by the French drastically changed the entire Vietnamese written language by making it conform to the Latin alphabet.
Two-Spirit	- Refers to all sexual and gender variance among people of Indigenous North American descent: in other words, lesbian, gay, bisexual, transgender and/or queer identities (5, pg. 4). - The term Two-Spirit may incorporate a variety of aspects and meanings related to sexuality, gender, cultural traditions and roles, spirituality, community, and politics. (5) - The term Two-Spirit or Two-Spirited was proposed in Minnesota in 1988 and coined in Winnipeg in 1990, at a gathering of the Native American/First Nation gay and lesbian conference. (6, pg. 31)

	Note 1: Not all Aboriginal LGBT people identify as Two-Spirit. (5, pg. 4) **Note 2:** The term Two-Spirit or Two-Spirited is not universally accepted by all Aboriginal people. One of the controversies stems from the caution against reducing the histories and rich and diverse traditions of Two-Spirited people into a common denominator. (6, pg. 31) **Note 3**: The term "Two-Spirit" is not easily translated into indigenous languages (e.g., in Navajo it means literally "being possessed"). Neither is the term uniformly employed or widely accepted among Aboriginal peoples. To some Aboriginal peoples, the term refers to a person with a [LGBT] orientation. To others, it denotes an individual with tribally specific spiritual, social, and cultural roles that are not defined at all by sexual orientation or gender role. Still other Aboriginal peoples employ the term in a highly contextualized way. For example, one Navajo activist refers to himself as [nadleeh] when interacting with other Navajos, as "Two-Spirit" when interacting with non-Navajo people, and as "gay" when interacting with non-Aboriginal [LGBT] individuals. (7, pg. 271) **Note 4**: The term Two-Spirit can hold both political and/or cultural meanings and significance that varies across Two-Spirit people. Some Two-Spirit people may view reclaiming Two-Spirit identity and roles as deeply connected to reviving and sustaining Indigenous cultures and, therefore, would not apply to non-Indigenous people. Other Two-Spirit people may view Two-Spirit as a cultural teaching that would apply to non-Indigenous people as well.
Indigenous	• "Indigenous," has gained prominence as a term to describe Aboriginal peoples in an international context through the increasing visibility of international Indigenous rights movements. • "Indigenous" may be considered by some to be the most inclusive term of all, since it identifies peoples in similar circumstances without respect to national boundaries or local conventions, but it is, for some, a contentious term, since it defines groups primarily in relation to their colonizers. • It is worth noting, however, that "Indigenous," like "Aboriginal" or even "Indian," is not itself an "Indigenous" term in the sense of deriving from an Indigenous traditional practice or language, though it is very much a term that Indigenous people have worked hard to define. • Though it is often thought to refer to people who have some form of primary or first claim to a territory, it is not solely

	based on that primacy. • In United Nations (UN) documents and in common usage, it tends to refer to people with long traditional occupation of a territory, but who are now under pressure as minorities or disenfranchised populations within an industrialized or industrializing nation-state. (78, para. 17) **Note**: It is important to recognize that some Indigenous and Aboriginal people prefer not to be referred to as Indigenous or Aboriginal because these terms are viewed as generic terms that others, particularly colonizers, have used to label and simplify the great diversity of Indigenous Peoples, languages, cultures, and nations. Instead, some Indigenous and Aboriginal people may prefer to be referred to in the language of their nation, which emphasizes their linguistic and cultural distinctiveness and allows Indigenous and Aboriginal people to define themselves on their own terms.
Aboriginal	• A term that gained significant currency with its use in the repatriated Canadian Constitution of 1982. • The Constitution itself was a site of struggle for Native rights in Canada, and in the negotiations leading to the inclusion of section 35, which acknowledges Aboriginal rights, "Aboriginal" became the mutually accepted term. • In the Constitution, "Aboriginal" is used to include three groups previously defined by earlier categories: "Indian," "Inuit," and "Métis" which had existing functions in Canadian law. o "Indian," for instance, is the generic term used in the Indian Act, a centerpiece of state identity regulation, since 1876. The Indian Act and its later amendments define who is an "Indian" and who isn't under Canadian Law. "Status" under the Act, confirmed by registration and a government-issued status card, confers certain rights and privileges, such as exemption from taxes under certain circumstances and eligibility for certain government services, though its primary purpose throughout most of Canadian history has been to regulate and restrict those it has defined and to deny them the rights accorded to citizens, since "Indians" could not simultaneously be citizens. In past times, status has been necessary to live on legally-defined Indian reserves. (78, para. 7)

	Note: It is important to recognize that some Indigenous and Aboriginal people prefer not to be referred to as Indigenous or Aboriginal because these terms are viewed as generic terms that others, particularly colonizers, have used to label and simplify the great diversity of Indigenous Peoples, languages, cultures, and nations. Instead, some Indigenous and Aboriginal people may prefer to be referred to in the language of their nation, which emphasizes their linguistic and cultural distinctiveness and allows Indigenous and Aboriginal people to define themselves on their own terms.
Reserve	• A tract of land set aside by treaty or the Indian Act for the use and occupancy of Aboriginal peoples specified as status Indians. (79, pg. 12)
Pan-Indianism/ Pan-Aboriginalism	Two definitions are useful: 1. The inability to recognize that Indigenous peoples, cultures, languages, communities and nations are diverse. 2. A way of politically mobilizing that emerged out of the "shared experience, circumstance, and condition" of colonization on Aboriginal peoples. (80, pg. 85) Pan-Aboriginalism can be used for "the purpose of representing and promoting shared interests and goals [of Aboriginal peoples], and building on collective strength." (80, pg. 86)
Indian Act	• Introduced shortly after Confederation, The Indian Act was an amalgamation of pre-Confederation colonial legislation that had been updated to meet the needs of the emerging Canadian state to expand and allow European settlement of the west and other regions. • This Canadian legislation governs the federal government's legal and political relationship with Aboriginal Peoples across Canada. It has been amended many times. • Since 1945, some of its more draconian elements have been removed to comply with international human rights law regarding civil and political rights, including opposition to genocide. (81)
First Nations	• In recent decades in Canada, the term "First Nations" has gained considerable currency. • At times, it has had something of the broad usage now accorded to "Aboriginal," and has appeared to be a more

	respectful successor to "Indian" (as "Native American" did in the US).
	• More recently, "First Nations" has shifted towards a more restrictive usage based upon identification with legally recognized reserve communities, and in that sense it refers specifically to people who are recognized members of them.
	    o In this restricted sense, "First Nations" refers to status Indians who are members of a First Nation.
	    o In this usage, it excludes non-status Indians, Inuit, Métis, and those who have Aboriginal ancestry, but less clear identification with a particular community.
	    o This usage also at times encodes a political divide: the Assembly of First Nations, for instance, though the largest and most established Aboriginal political organization in Canada, is composed of elected chiefs from First Nations, and does not directly represent any of these other groups.
	• The term "First Nations," or alternatively "First Peoples," is also used occasionally in international venues, but neither is used outside of Canada. (78, para. 15)

Traditional Healing	• Defined as "practices designed to promote mental, physical, [emotional] and spiritual well-being that are based on beliefs which go back to the time before the spread of western, 'scientific' bio-medicine". • When Aboriginal people in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counselling and the accumulated wisdom of the elders. (82)
Traditional Medicine	• Refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness. • Traditional medicine covers a wide variety of therapies and practices which vary from country to country and region to region. • In some countries, it is referred to as "alternative" or "complementary" medicine (CAM). (83, para. 1) • Traditional medicine has been used for thousands of years

	with great contributions made by practitioners to human health, particularly as primary health care providers at the community level. • TM/CAM has maintained its popularity worldwide. Since the 1990s its use has surged in many developed and developing countries. (83, para. 2)
Historical trauma	• This is a term originally coined by Maria Brave-Heart-Jordan. • It is the result of multiple and compounded layers of pain, grief and loss experienced over generations and contributing to underlying psychological wounding in individuals and groups. • The wounding is understood as being passed on from one generation to the next without opportunity for processing and healing. • Symptoms may include prolonged signs of acute grief, depression, substance abuse, etc. • The concept is often applied to the situation of North American Aboriginal people who shortly after contact and throughout the generations have experienced acts of forced removal, killings, attempted assimilation and apartheid through the Indian Act. • These originated in history but their effects are maintained and the underlying issues have not been addressed or redressed. • It can apply equally to individuals or groups of people whose experience of loss has originated in prior generations. • For example, the children of Jewish victims of Nazi genocide, Palestinian victims of forced removal from their homelands and where redress and/or healing is not complete. (84, pg. 15)
Intergenerational, Multigenerational or Transgenerational Trauma	• Refers to the ways in which the effects of traumas experienced by one generation are carried over into future generations. (94) o For example, grandchildren of those survivors of the Indian Residential School system reported that such traumas affected the quality of parenting their parents received as well as the parenting that they themselves received. • Furthermore, having a parent who had attended the Indian Residential School system has been related to increased

	thoughts of suicide, "depressive symptoms, as well as increased adverse childhood experiences, adult traumas and perceived discrimination compared to First Nations adults whose parents did not attend." (85, pg. 16)
Métis	• Originally referred to persons of mixed Indian and French ancestry. • Now refers to a person who self-identifies as Métis, is of historic Métis Nation ancestry, and/or is accepted by the Métis Nation through its acceptance process. (81) • The advent of the fur trade in west central North America during the 18th century was accompanied by a growing number of mixed offspring of Indian women and European fur traders. As this population established distinct communities separate from those of Indians and Europeans and married among themselves, a new Aboriginal people emerged – the Métis people – with their own unique culture, traditions, language (Michif), and way of life, and nationhood. (86, para. 1)
Inuit **(singular form: Inuk, language: Inuktitut)**	• Aboriginal peoples in Northern Canada who live above the tree line in the Northwest Territories, Northern Quebec and Labrador. • The word means "People" in the Inuit language - Inuktitut. • The Inuit is one of the cultural groups comprising Aboriginal peoples of Canada. (81)
Status Indian	• An Aboriginal person who is designated an "Indian" by the Indian Act, determining who can or cannot receive various rights or benefits conferred by the Act. (81)
Non-Status Indian	• An Aboriginal person who is not recognized as "Indian" under The Indian Act. • This term does not apply to Inuit or Métis persons as they are not included under The Indian Act. (81)
Elder	• There is a large number of First Nations across the country, embracing some 55 languages and major dialects, and constituting 11 linguistic families. • The definition of an Elder varies from nation to nation. • For example, the Six Nations' definition of their Elders include: Faith Keepers, Clan Mothers, Hereditary Chiefs and Spiritual Leaders.

	• The Algonquin Nation in their teachings an Elder is defined as someone who possesses spiritual leadership which is given by one's cultural and traditional knowledge. This knowledge is found in the teachings and responsibilities associated with sacred entities such as the Pipe, Wampum belt, Drum and Medicine people. In addition to the spiritual recognition given by the Creator and the Spirit World, and elder is given the title and recognition as elder by other elder of his/her respective community and nation. Also one does not have to be a senior citizen to be an elder. The gifted individual is given the position of elder by spiritual and human acceptance and must commit to fulfill his/her responsibilities and respect of the Creator's teachings. • Other nations have their own definitions, but their functions are basically the same: to ensure that traditional values, principles and other teachings are passed along, and to provide instruction to help individuals live in the right way. (100, para. 5)

INAPPROPRIATE TERMS

- Berdache is an offensive term because of its colonial origins and purely sexual connotations: it is a non-Native word of Arabic origin (i.e., berdaj), which refers to male slaves who served as an ally receptive prostitutes. (7, pg. 270)

> *TWO-SPIRIT MAKES MORE SENSE TO ME THAN IDENTIFYING AS A LESBIAN – THE TERM LESBIAN IS SO WRAPPED UP IN DEFINING US ONLY BY WHO WE SLEEP WITH. TO IDENTIFY MYSELF AS TWO-SPIRIT MEANS SO MUCH MORE – IT SPEAKS TO ALL OF ME…HOW I RELATE TO EVERYONE I MEET (NOT JUST WOMEN), MY ROLE IN ALL THE COMMUNITIES I AM A PART OF, HOW I DO THINGS PERSONALLY, PROFESSIONALLY AND IN CEREMONY, HOW I LIVE AND FIT IN THE WORLD.*
>
> *(QUOTE FROM A TWO-SPIRIT WOMAN IN 77, PG. 16)*

For more information contact diversity.services@fraserhealth.ca

REFLECTING ON ASSUMPTIONS

- assumptions about LGBTQ2S people can affect the care that clients'/patients'/residents' receive

Below are some common assumptions about Two-Spirit people followed by a discussion of the assumptions

ASSUMPTION #1: ALL FIRST NATIONS LGBTQ PEOPLE ALL IDENTIFY AS TWO-SPIRIT

Considerations

- not all First Nations who are gay, lesbian, bisexual, or trans (GLBT) identify as Two-Spirited or Two-Spirit people, but for those who do, Two-Spirit is not just another word for GLBT. It is a new term that has been chosen to reflect traditional First Nations gender diversity, which includes the fluid nature of sexual and gender identity and its interconnectedness with spirituality and traditional roles and world views (87, pg.2).

- for some Two-Spirited people the term represents their distinct experiences and culture as First Nations, the loss of respected traditions through the impacts of colonization and the unique way that culture and gender are tied together (87, pg.2).

- the term can also refer to having both feminine and masculine spirits within one person. Two-Spirit recognizes gender as a continuum and includes identity, sexual orientation and social roles (87, pg.2).

- an individual may identify as Two-Spirited because of their sexual orientation, sexual or gender identity or traditional roles (87, pg.2).

Practical Tip: As with the other sexual and gender identities, it is important ask people how they self-identify their sexual and gender identity.

ASSUMPTION #2: TWO-SPIRIT CAN BE UNDERSTOOD AS A SEXUAL IDENTITY.

Considerations

- Two-Spirit is a complex identity that can have multiple aspects related to sexuality, gender, cultural roles, and/or spirituality. (7)

- it is important to recognize that Two-Spirit people may emphasize all of these aspects or perhaps some over others.
  - For example, it is possible for a Two-Spirit person to be celibate during periods of their life.

- it is also possible for a Two-Spirit person to be heterosexual and practice Two-Spirit gender, cultural and spiritual roles.

ASSUMPTION #3: TWO-SPIRIT IS SIMILAR ACROSS ABORIGINAL COMMUNITIES.

Considerations

- while Two-Spirit is an English term that may be used across Aboriginal communities, it is important to understand and respect that many Aboriginal communities will have or are reclaiming their own unique language, traditions, and roles for Two-Spirit people. (7)

For more information contact diversity.services@fraserhealth.ca

DIVERSITY OF INDIGENOUS NATIONS

- there are many Aboriginal people, languages, communities, cultures, and nations within Canada

- for a comprehensive interactive map of the many First Nations and Inuit communities, please see the Aboriginal Affairs and Northern Development Canada website at http://fnpim-cippn.aandc-aadnc.gc.ca/index-eng.asp

- for more information about Métis Peoples, please see Métis Nation at http://www.metisnation.ca/

COLONIZATION AND HISTORICAL TRAUMA

- it is important to understand that colonization and historical trauma have and continue to shape the health and wellness of the diversity of Aboriginal people within Canada (12)

- prior to colonization by European settlers, Two-Spirit people held important roles in many Aboriginal cultures and respect for sexual and gender diversity was commonplace (12)
    - in many Aboriginal cultures, there were ceremonies and dances specifically for Two-Spirit people

- after colonization and the imposition of Christianity and Western notions of gender and sexuality on the Indigenous Peoples of Canada, the roles and traditions of Two-Spirit people were lost and were replaced by homophobia (12)

- it is important to situate the health concerns of Aboriginal people and Two-Spirit people with an understanding of the hundreds of years colonization and historical trauma that continue to affect Aboriginal people

- for a few examples of the history of colonization and historical trauma experienced by Two-Spirit people, please see the "A Brief LGBTQ2S History" section

- Two-Spirit people may also experience discrimination from their First Nations community because they are Two-Spirit, the LGBTQ community because they are

First Nations, and the mainstream community because they are both Two-Spirit and First Nations (87, pg. 6)

- o it is important to note that such discrimination against First Nations and Two-Spirit people is related to colonialism, in particular, the imposition of Euro-western sex and gender roles, residential schools, the loss of culture (69)

HEALTH CONCERNS

This section of the document will provide information on some health concerns to be aware of in providing competent care to Two-Spirit clients, patients, and residents. Please be cautious not to make assumptions about the experiences of Two-Spirit clients based on these health concerns. We must emphasize the importance of person-centered care – asking each individual patient, client and resident what is needed to respect their gender and sexuality, and, generally, what is important to them during the caregiving process.

SUICIDE

- suicide rates among Two-Spirited, gay, lesbian, bisexual, or trans First Nations people are not known, but the rates of related risk factors in these groups indicate that the suicide risk is greater than among heterosexual First Nations (87, pg. i)
  - o Two-Spirit people are more likely to experience violence compared to heterosexual First Nations and assault (physical, sexual and with a weapon) than LGBT people (87, pg. 7)

- connecting to First Nations culture and traditions, particularly related to reclaiming the roles of Two-Spirit people, can help reduce the risk of suicide can help protect all First Nations from the risk of suicide (87, 88)

VIOLENCE

- Two-Spirit people are more likely to experience violence compared to heterosexual First Nations and assault (physical, sexual and with a weapon) compared to LGBTQ people (87, pg. 7)
- Aboriginal women are almost three times more likely to be killed by a stranger than non-Aboriginal women (89)
- the number of missing and murdered Aboriginal women and girls in Canada is disproportionately high (89, pg. 1)

HIV/AIDS

- men who have sex with men, which includes gay, bisexual and Two-Spirit men, continue to represent the majority new HIV infections in Canada (21)

- in 2008, the HIV infection rate for Aboriginal people was more than 3.5 times that of non-Aboriginal people (90, pg. 2)

- factors that contribute to the Aboriginal peoples' vulnerability to HIV infection include (91, para. 4):
  - income
  - education
  - unemployment, access to stable housing
  - early childhood development (e.g. history of child abuse)
  - physical environments (e.g. geographically isolated communities, prison environments)
  - access to health services, support networks and social environments (e.g. homophobia, HIV/AIDS-related stigma and discrimination)
  - gender
  - a history of sexual violence
  - racism
  - the multigenerational effects of colonialism and the residential schools system

DIABETES

- diabetes is an increasing health concern among Aboriginal people in Canada

- the prevalence of diabetes was 17.2% among First Nations individuals living on-reserve, 10.3% among First Nations individuals living off-reserve, and 7.3% among Métis, compared to 5.0% in the non-Aboriginal population (92, para. 41)

- rates of diabetes among the Inuit are expected to rise in the future (93)

TOBACCO AND ALCOHOL USE

- rates of smoking among many Aboriginal communities are higher than that of non-Aboriginal communities (94)

- o it is important to recognize that traditional uses of tobacco in Aboriginal ceremonies, rituals, and medicines are not harmful (94)

- alcohol misuse has been identified as a concern among First Nations, Métis, and Inuit communities (95)

MIGRATION

- forced mobility, including residential schools as well as foster and adoptive care systems, have been a devastating aspect of colonization on Indigenous Peoples, cultures and health (5)

- it is important to recognize that some Aboriginal people live on reservations, some have never lived on reservations, some move between living on or off reservations, and still others move between and within provinces
  - o accessing health care services off reservations for the first time can be difficult for Aboriginal people who may be more familiar with accessing health care services through their band office

- Two-Spirit people move for a variety of reasons, sometimes, many times in their lives: to access gender affirming care, to access HIV treatment options, to become a part of the LGBTQ2S community, to avoid homophobia, to be open about their sexual and gender identity

- moves can be a source of negative and positive impacts (5)
  - o negative impacts may include experiences of discrimination in housing and employment, as well as separation from their home communities and culture (5, 96)
  - o positive impacts may include being able to be more open about their sexual and gender identity, particularly when connecting to supportive Aboriginal organizations (5)

RESILIENCE

- despite significant historical and ongoing trauma, Aboriginal people continue to be resilient

- reclaiming traditions, values, and spirituality is an important contributor to resilience among Aboriginal Peoples, particularly related to suicide and HIV infection (88, 90)

For more information contact diversity.services@fraserhealth.ca

Practical Tip: Respecting Indigenous traditions, values, and spirituality when possible is important to the health and wellness of Aboriginal clients/residents/patients. Ask about clients'/patients'/residents' health beliefs and health practices.

ADDITIONAL RESOURCES

Resource	Description
Indigenous Cultural Competency Training Program (Provincial Health Services Authority in BC)	• The ICC training is a unique, facilitated on-line training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. • The goal of the ICC training is to further develop individual competencies and promote positive partnerships. • Skilled facilitators guide and support each participant through dynamic and interactive learning modules. • Participants will learn about terminology; diversity; aspects of colonial history such as Indian residential schools and Indian Hospitals, time line of historical events; and contexts for understanding social disparities and inequities through interactive activities participants examine culture, stereotyping, and the consequences and legacies of colonization. • Participants will also be introduced to tools for developing more effective communication and relationship building skills. For more information, please visit their website at http://www.culturalcompetency.ca/
2-Spirited People of the First Nations	• 2-Spirited People of the 1st Nations (2 Spirits) is a non profit social service organization whose membership consists of Aboriginal 2-Spirit (commonly known as Aboriginal lesbian, intersexed, gay, bisexual and transgendered) people in North America. • Due to the AIDS epidemic, the organization was prompted to have health, counselling and advocacy expertise. • 2 Spirit's programs and services include HIV/AIDS education, harm reduction education, health promotion, support and counselling for two spirit people and other Aboriginal persons living with and affected by HIV/AIDS. For more information, please visit their website at http://www.2spirits.com/

CASE SCENARIOS

The case scenarios below are meant to highlight the diversity and complexity of LGBTQ2S people as well as stimulate your understanding and application of the knowledge that you have acquired while working through this handbook

There are some considerations, suggested actions and resources are provided to help guide your understanding of the following cases

WHILE PRESENTING THE ACCOUNTS OF HOMOPHOBIC AND TRANSPHOBIC PERSECUTION IN PARTICIPANTS' COUNTRIES OF ORIGIN [IT IS IMPORTANT] TO AVOID PORTRAYING ANY COUNTRY OR CULTURE AS MONOLITHICALLY HOMOPHOBIC OR TRANSPHOBIC...IN ANY ONE COUNTRY THE TERRAIN OF PERSECUTION MUST BE UNDERSTOOD AS COMPLEXLY CONSTITUTED BY RELIGIOUS, MEDICAL, LEGAL, CULTURAL, AND POLITICAL DISCOURSES AND PRACTICES. NO COUNTRY IS EXCLUSIVELY HOMOPHOBIC, AND SPACES OR PRACTICES OF ACCEPTANCE FREQUENTLY CO-EXIST ALONGSIDE THOSE THAT EXCLUDE OR PUNISH.

(QUOTE FROM JORDAN IN 97, PG. 230)

ELEHEH

* This case scenario was created from Jordan's in-depth work with LGBTQ refugees in BC. Please see the citation at the end of this case scenario for the full copy of the work. (97)

PROFILE

In her teens, Eleheh--a queer lesbian cisgender woman--was persecuted in her country of origin for her sexuality by classmates, teachers, school administrators and religious revolutionary guards. She experienced imprisonment, torture, and her sister's execution before fleeing to Canada as a refugee.

While waiting to be granted or rejected Convention Refugee status, Eleheh had difficulties finding work due to limited language skills as well as a lack of recognition of her credentials from her country of origin. As a result of these difficulties, Eleheh could only afford to live in a Single Room Occupancy Hotel that was poorly maintained and had bed bugs and mice.

She also experienced discrimination based on her refugee status from employers who were reluctant to offer her permanent or full-time work due to her temporary status (When refugee claimants receive work permits, their Social Insurance Number (SIN) begins with a 9 to indicate their temporary status [direct quote]). Additionally, she noticed subtle forms of discrimination related to stereotypes of newcomers as "freeloaders" or taking up jobs within the Canadian workforce.

Eleheh found it challenging to navigate her new surroundings with limited language skills and a lack of familiarity with various neighbourhoods. She had particular trouble finding services and spaces for queer lesbian refugees like herself.

HEALTH CARE SITUATION

Eleheh has come into your office but you are not entirely sure what her needs are due to language barriers.

For more information contact diversity.services@fraserhealth.ca

SUGGESTIONS FOR ACTION

1. Ensure Eleheh is comfortable and determine what language Eleheh speaks by using the language cards found on the Fraser Health Intranet, under Clinical Resources > Diversity & Translation Services > Resources, that allow clients/patients/residents to point to the language they need interpreted.
   a. For further support or guidance on using interpreters specifically at Fraser Health, please contact Naomi Armstrong, Fraser Health Coordinator for Language Services at naomi.armstrong@fraserhealth.ca or email diversity.services@fraserhealth.ca or visit the Fraser Health Interpreter and Language Services Intranet page at https://remote.fraserhealth.ca/+CSCO+1h756767633A2F2F6E63637930313137++/CLINICAL_RESOURCES/DIVERSITY_TRANSLATION_SERVICES/Pages/Interpreter Services.aspx.

2. Determine if Eleheh is eligible for health care coverage under the Interim Federal Health program. Eligibility criteria can be found at http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp or at http://www.refugeehealth.ca.

QUESTIONS TO KEEP IN MIND

- Does Eleheh have any health documents or prescriptions from her country of origin?
  o Do they need to be translated?

- Does Eleheh have a social support system?

- Does Eleheh have private health coverage?

For more information contact diversity.services@fraserhealth.ca

CONSIDERATIONS

Mental Health

- As this case highlights, the reasons for LGBTQ refugees coming into Canada may be one which involves significant physical and emotional trauma (97, 98). A systematic review in 2005 found that refugees resettled in western countries "could be about ten times more likely to have post-traumatic stress disorder" as well experience psychiatric comorbidity with major depression (98, pg. 1309).

- As a result, it is important to consider possible mental health concerns of LGBTQ refugee clients accessing care. At the same time, it is important to be cautious about whether "Western psychological concepts of mental illness reflect migrants' experiences" (97, pg. 26).

- Additionally, the recovery process for such traumas are complicated by LGBTQ refugee's experience of multiple forms of discrimination and oppression based on their refugee status, race, ethnicity, gender, sexuality, and likely much more depending on the specific situation. (97) These instances of discrimination and oppression can complicate the recovery process by "triggering felt memories of major life-threatening aggressions" from clients' past. (97, pg. 168)

- Social supports, particularly with other LGBTQ refugees, can help in achieving successful settlement. Social networks may provide vital information, resources as well as emotional support. (97)

- Income and housing may be significant barriers to the health and well-being of LGBTQ refugees. It is important to consider if clients basic needs such as food and shelter have been met. Referrals to food banks as well as housing services may be helpful. (97)

- Language barriers may exist for clients accessing services. (97)

- LGBTQ refugees may experience complex forms of overt and subtle discrimination based on their race, ethnicity, refugee status, sexuality and gender. For example, refugees may be viewed and treated as burdens to the system or as cases that are too complex for health care providers to handle. (97)

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- It is important to recognize that LGBTQ refugees may express their gender and sexuality in ways that may not be fully understood through Western notions of gender and sexuality. For example, coming out may not involve verbal disclosure or openness about one's gender and/or sexuality. (97)

- LGBTQ refugees may have unrealistic expectations with respect to the level of acceptance of sexuality and gender diversity in Canada. It is important not to "underestimate the threats to safety for visibly queer or trans and racialized people" (97, pg. 168).

RESOURCES

Below are resources/organizations that support LGBTQ refugees

Resource	Description
Rainbow Refugee	- Founded in 2000, Rainbow Refugee Committee (RRC) is a Vancouver based community group that supports and advocates with people seeking refugee protection because of persecution based on sexual orientation, gender identity, or HIV status. - Rainbow Refugee Committee engages in outreach, advocacy and public education on QLGBT/HIV+ refugee issues. - RRC is member driven and all volunteer. - RRC also provides information to asylum seekers outside Canada - RRC is a sister organization of LEGIT: Canadian Immigration for same-sex partners - Other support groups for lesbian, gay, transgender, bisexual &/or HIV+ asylum seekers and refugee claimants are beginning in Toronto, Montreal and other cities across Canada. For more information, visit their website at http://www.rainbowrefugee.ca/
Recommendations for Creating LGBTQ Newcomer Positive Spaces	The Ontario Council of Agencies Serving Immigrants (OCASI) has issued recommendations for creating LGBTQ Newcomer Positive Spaces. For more information, please visit their website at http://www.positivespaces.ca/recommendations-creating-lgbtq-newcomer-positive-spaces
Refugee Health	Refugee Health Vancouver is a practical resource to support

Vancouver	clinicians who provide care to refugees in British Columbia. • The website includes overview and coverage information, guidelines and tools, community resources, patient handouts in multiple languages, and more. • A guide to mental health work with refugees is also available. For more information, please visit their website at http://www.refugeehealth.ca
Vancouver Association for Survivors of Torture (VAST)	• VAST promotes the human rights and mental health of refugees who arrive in British Columbia with trauma as a result of torture, political violence, and other forms of persecution on the basis of race, religion, nationality, gender identity, sexual orientation, and political opinion. • They provide trauma-focused psychological counselling and community-based psychosocial support, as well as public education and advocacy. For more information, please visit their website at http://www.vast-vancouver.ca/
Fraser Health - New Canadian Clinic	• The New Canadian Clinics, in Burnaby and Surrey, provide medical care and social support for new immigrants and refugees whose medical needs may be complicated by language, cultural, and knowledge barriers. • The focus is on providing health management, education and self-management support for those with multiple chronic diseases such as diabetes, heart, lung and renal disease. • A referral is required from health or social service providers. • This is not a walk-in clinic and service is by appointment only. • It is staffed by a public health nurse and nurse practitioner, with a physician by arrangement. For more information, please visit the Fraser Health website at http://www.fraserhealth.ca/find_us/services/our_services?program_id=10601
Fraser Health - Global Family Care Clinic	• The Global Family Care Clinic in Burnaby provides medical care and social support for newcomers to Canada whose medical needs may be complicated by language, cultural, and knowledge barriers. • The clinic provides health management, education and self-management support for individuals and their families and focuses on pregnant women and children under five.

	• The clinic is staffed by a full-time nurse practitioner who works collaboratively with physicians and community service providers. • Service is also available to immigrants, privately sponsored refugees and refugee claimants within their first three years in Canada. • This is not a walk-in clinic and service is by appointment only. For more information, please visit the Fraser Health website at http://www.fraserhealth.ca/find_us/services/our_services?&program_id=14410
Interim Federal Health Program	• The Interim Federal Health Program provides limited temporary coverage of health-care costs to protected persons who are not eligible for provincial or territorial health insurance plans and where a claim cannot be made under private health insurance. • These protected persons include resettled refugees, refugee claimants, certain persons detained under the Immigration and Refugee Protection Act and other specified groups. For more information, please visit their website at http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp You can also contact the program by phone... ● General Inquiries: 1-888-242-2100 ● TTY: 1-888-576-8502

CITATION

Jordan SR. Un/settling: a critical ethnographic inquiry into settlement by refugees making claims based on sexual orientation or gender identity persecution. 2010 [cited 2014 Aug 8]; Available from: https://circle.ubc.ca/handle/2429/30526

TOM

PROFILE

Tom was born in Canada to a large single parent family consisting of his two brothers, three sisters and mother. Tom currently lives with his mother and one of his younger siblings. Tom's mother, Thanh, immigrated to Canada from Vietnam soon after the Vietnam War.

Tom identifies as a queer, Vietnamese, cisgender, male in his late 20s. For Tom, being queer and Vietnamese has made finding and receiving appropriate health care difficult. While health care providers within his local LGBTQ community are more competent than most other health care providers in terms of understanding sexualities and sexual health, he worries about his health and sexual behaviours being known by the small and interconnected LGBTQ community.

In addition, he has found that there is little to no health information or service specifically for queer men of colour, like himself. For example, he has not seen any LGBTQ resource written in Vietnamese and often doesn't see himself reflected visually in health promotion campaigns. As a result, Tom is unsure if the health information or service actually applies to him.

He has also noticed that most health and non-health care staff at LGBTQ organizations are white and often feels a disconnect in terms of understanding of his culture and his identity. For example, Tom finds it disheartening when providers mistake him as Chinese or as a totally different person of colour who also accesses the services. He also does not like it when he is referred to as a gay man because he identifies as queer.

His experiences of racism within LGBTQ community more generally also makes him feel uncomfortable with accessing these services, which tend to be located in the heart of the LGBTQ community. For example, he has attended events where queer men of colour were fetishized as sex objects and also has had to listen to hurtful conversations about the sex trade in Vietnam.

While Tom enjoys seeing his family doctor, who speaks Vietnamese and is sensitive to a lot of nuances in Vietnamese culture, he does not feel comfortable discussing his sexuality with his family doctor because he is often assumed to be heterosexual.

Additionally, he has to travel a significant amount of time to see his family doctor. Time is limited for Tom, who works part-time, goes to school full-time, and supports his mother as she navigates the services that she needs with her limited English.

Tom receives most of his health care through the local drop-in clinic 10 minutes away from his home. He hasn't felt comfortable disclosing his sexuality to the providers at this clinic and instead chooses to ask for services such as STI testing in a more indirect manner such asking for the "most comprehensive test". However, assumptions of heterosexuality limit the services that he is offered.

TERMS TO BE AWARE OF

Term	Definition
Person of colour	- A term used to refer to non-white people, used instead of the term "minority," which implies inferiority and disenfranchisement. - The term emphasizes common experiences of racial discrimination or racism. (99) - It is inclusive of Indigenous people. - However, not all non-white people or Indigenous people will identify as people of color.

HEALTH CARE SITUATION

Tom has just moved and is now visiting your drop-in clinic to get a requisition for an STI test.

GUIDING QUESTIONS

1. *WHO WOULD BE THE MOST APPROPRIATE CARE PROVIDER?*
   a. a provider from an LGBTQ organization
   b. a provider from the Vietnamese community
   c. a provider who treats all their clients/patients/residents equally
   d. a provider who is capable of respecting and responding to the complexity and nuance of clients'/patients'/residents' lives and health needs

Answer: D

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It is important to understand that not all clients/patients/residents may feel comfortable with going to LGBTQ organizations because of concerns about confidentiality or experiences of racism within the LGBTQ community. Nor does having a provider from the Vietnamese community necessarily meet Tom's specific needs either because assumptions of heterosexuality may prevent him from getting an STI test that takes into account the types of sex he is having and with whom.

It is also important to recognize that treating all clients/patients/residents equally does not necessarily mean treating them in a way that respects that they are unique and will have unique health needs. For example, assumptions of heterosexuality often involve treating everyone equally based on the assumption that they are heterosexual. However, such assumptions do not factor in health needs and services that are specific to non-heterosexual clients/patients/residents (e.g., anal pap smear, sexual health information).

A diversity competent provider is capable of respecting and responding to the complexity and nuance of clients/patients/residents lives and health needs. This could mean a provider from the LGBTQ organization or from the Vietnamese community or you! Diversity competence is about actively seeking to understanding and response to all the complexities of clients, whether it be sexuality, race, ethnicity, culture or more.

2. *WHAT IN THE HEALTH CARE ENVIRONMENT MIGHT MAKE TOM MORE LIKELY TO DISCLOSE HIS SEXUALITY?*
    a. posters of queer people of colour, preferably written in Vietnamese
    b. LGBTQ2S-sensitive sexual health information written in Vietnamese
    c. forms that include optional and open-ended questions about sexual identity and sexual behaviour
    d. all of the above

Answer: D

Having as many signs and symbols, information, and forms that demonstrate an acknowledgement of the visibility and existence of LGBTQ2S people of colour is a great way to facilitate clients'/patients'/residents' comfort in disclosing their sexuality. It is important to have discussions about what would be most appropriate for your health care setting.

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SUGGESTIONS FOR ACTIONS

- If a client/patient/resident asks for an STI test, it is important to ask questions or have a form that will allow clients/patients/residents to report what type of sex they are having and with who to determine the most appropriate tests.

ADDITIONAL CONSIDERATIONS

- ongoing training and research on LGBTQ2S people of colour's health issues and lived experiences is important

- people of colour are often assumed to be heterosexual, which further renders LGBTQ2S people invisible

- a quick way to test to see if your organization is inclusive of LGBTQ2S people of colour is to see if any staff members identify as a LGBTQ2S person of colour

RESOURCES

Below are some LGBTQ2S resources

Resource	Description
Our City of Colours	• Our City of Colours has developed an amazing series of multilingual posters featuring people of various linguistic, cultural, racial, and ethnic communities. • Posters can be downloaded or requested from the Our City of Colours website. For more information, please visit their website at http://www.ourcityofcolours.com/posters/
BC Centre For Disease Control's (BCCDC) Smart Sex Resource - Gay and	• BCCDC's Smart Sex Resource has information about safer sex, STI testing, and additional resources for gay and bisexual men.

Bisexual Men's Resources	
	For more information, please visit their website at http://smartsexresource.com/topics/gay-and-bisexual-mens-resources

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RECOMMENDATIONS

Developing diversity competency is an ongoing process for health care providers and health care systems. Included below are recommendations for further developing diversity competency with lesbian, gay, bisexual, trans, queer, and Two-Spirit clients/patients/residents. The Fraser Health Authority should:

- Develop and implement the organizational and institutional best practices listed in this document

- Develop and implement innovative best practices that are specific to the LGBTQ2S people within the region

- Develop policies on discrimination that are displayed visibly, and explicitly identify protected statuses
    - Gender identity should be included as a protected status under the Fraser Health Authority as it is not explicitly protected under the BC Human Rights Code

- Develop a policy on establishing professional relationships and maintaining appropriate boundaries when working with clientele from small or marginalized communities

- Ensure that more work is done on additional sexual and gender identities and expressions that have not been covered in this document
    - For example, intersex, asexual, self-identified MSM and WSW, and people who identify with non-English sexual and gender identities and expressions

- Ensure that more work is done to understand how disability, sexuality and gender are interrelated as well as what this means for providing care.
    - Disability is particularly relevant to a discussion of sexuality and gender because oppression and discrimination affects people's bodies in many ways from dramatic to subtle.

- Ensure that more work is done to understand how age, sexuality and gender are interrelated as well as what this means for providing care.

- o Age is another factor that has important implications on the health of LGBTQ2S people.
- Ensure that there are dedicated and paid staff members responsible for further developing and keeping LGBTQ2S health information and best practices up-to-date
  - o Particular emphasis should be placed on encouraging hiring of staff that come from communities that experience multiple forms of oppression and discrimination based on race, ability, sexuality, gender, sex, class, age, ethnicity, etc.

- Collaborate with and actively involve organizations that serve LGBTQ2S people, as well as LGBTQ2S staff and community members, in the development of resources, training, and policy

- Collaborate with and actively involve Two-Spirit leaders

- Ensure that policies are implemented consistently and revisited regularly across Fraser Health staff and volunteers

- Create a referral network based on providers who have developed sufficient competency with LGBTQ2S clients/patients/residents within the region

- Create a list of Two-Spirit friendly Elders as well as Two-Spirit reading material for clients/patients/residents

- Create spaces for Two-Spirit clients/patients/residents that are outside of Aboriginal organizations

- Discuss LGBTQ2S inclusion and friendliness beforehand, If inviting Indigenous Elders to perform ceremonies
  - o in particular, how will Two-Spirit people be included in ceremonies
  - o it is also important to acknowledge that not all Two-Spirit people may want to be treated as Two-Spirit, particularly if they have been treated negatively for being Two-Spirit in the past

- Create a more in-depth LGBTQ2S community consultation plan, particularly in regions extending from Surrey to Hope

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- Continue to develop resources and supports for LGBTQ refugees as many live within the Fraser Health region
- Support the development of health authority wide LGBTQ2S competency or, minimally, have speciality clinics that can provide competent care, particularly for trans clients/patients/residents

- Enable all electronic medical records to have a field for clients'/patients'/residents' preferred name and correct pronoun
    - o this information should appear on the first page/screen when records are brought up

- Allow optional and voluntary disclosure of sexual and gender identity on forms or clinical interactions
    - o Collecting sexuality and gender related information to further inform the specific needs of LGBTQ2S clients/patients/residents within the Fraser Health Authority

- Ensure mandatory education and training for all health care staff from front line office staff to clinicians to managers to contracted physicians on providing diversity competent care to LGBTQ2S clients/patients/residents
    - o education and training should include basic and advanced levels, with an emphasis on applying knowledge and skills

- Recognize that LGBTQ2S competency is only achieved when all staff within an organization have at least a basic competent.

GLOSSARY OF TERMS

Please note that these terms are only meant to serve as general definitions and guidelines rather than fixed labels. Each patient, client and resident will have a personal history and lived experiences that will add unique nuances to their understanding of their gender and sexuality. In addition, language and culture continues to change and so too will the meanings associated with terms.

Term	Definition
Ableism	- A system of attitudes, bias, and discrimination based on ability. - This includes the assumption being able-bodied is inherently superior to being disabled. - Ableism can occur in laws, policies, and everyday interactions. - For example, many buildings are not accessible to those in wheelchairs. - For example, using words like "crazy" and "insane" to refer to the undesirable actions of able-bodied people.
Aboriginal	- A term that gained significant currency with its use in the repatriated Canadian Constitution of 1982. - The Constitution itself was a site of struggle for Native rights in Canada, and in the negotiations leading to the inclusion of section 35, which acknowledges Aboriginal rights, "Aboriginal" became the mutually accepted term. - In the Constitution, "Aboriginal" is used to include three groups previously defined by earlier categories: "Indian," "Inuit," and "Métis" which had existing functions in Canadian law. "Indian," for instance, is the generic term used in the Indian Act, a centerpiece of state identity regulation, since 1876. The Indian Act and its later amendments define who is an "Indian" and who isn't under Canadian Law. "Status" under the Act, confirmed by registration and a government-issued status card, confers certain rights and privileges, such as exemption from taxes under certain circumstances and eligibility for certain government services, though its primary purpose throughout most of Canadian history has been to

	regulate and restrict those it has defined and to deny them the rights accorded to citizens, since "Indians" could not simultaneously be citizens. In past times, status has been necessary to live on legally-defined Indian reserves. (78, para. 7) **Note**: It is important to recognize that some Indigenous and Aboriginal people prefer not to be referred to as Indigenous or Aboriginal because these terms are viewed as generic terms that others, particularly colonizers, have used to label and simplify the great diversity of Indigenous Peoples, languages, cultures, and nations. Instead, some Indigenous and Aboriginal people may prefer to be referred to in the language of their nation, which emphasizes their linguistic and cultural distinctiveness and allows Indigenous and Aboriginal people to define themselves on their own terms.
Ageism	• A system of attitudes, bias, and discrimination based on age. This includes the assumption that certain age groups are inherently superior to others. • Ageism can occur in laws, policies, and everyday interactions. o For example, assuming that the elderly cannot do things for themselves.
Androgyne	• A person who identifies as one gender that is a blend of other genders (3)
Bigender	• A gender identity of having two full genders (as opposed to a blend of two), which one can move between (3)
Binding	• Compressing one's chest to create a more androgynous or masculine appearance (3)
Biphobia	• Negative attitudes toward and stereotypes about bisexual people o biphobic beliefs are pervasive and shape bisexual peoples' everyday experience with others (37, pg. 240)
Bisexual or bi	Three useful definitions: 1) Refers to a person who is attracted (physically, emotionally, sexually, and/or romantically) to more than one sex or gender (2) 2) Refers to a person who is attracted (physically, emotionally, sexually, and/or romantically) to people of genders similar to their own, and to people of genders different from their own (2)

	3) Refers to a person who is attracted (physically, emotionally, sexually, and/or romantically) to people of multiple genders. (2) **Note**: The term pansexual may also be used for those who are attracted to people of multiple genders.
Butch	• Describes gender expressions and/or social and relationship roles that are perceived as being masculine, or refers to a person who embodies these qualities. (1)
CAFAB	• Acronym for Coercively Assigned Female at Birth; refers to people declared to be female at birth, and raised within a female gender role that does not match their gender identity (3)
CAMAB	• Acronym for Coercively Assigned Male at Birth; refers to people declared to be male at birth, and raised with a male gender role that does not match their gender identity (3)
Cisgender (also cissexual or cis)	• Having a gender identity that matches one's assigned sex, non-trans (3)

Cissexism	• A system of attitudes, bias, and discrimination based on being cisgender. This includes the assumption that being cisgender is inherently superior to being trans.
	• Cissexism can occur in laws, policies, and everyday interactions.
	   o For example, gender identity is not explicitly protected under the BC Human Rights Code. (20)
	   o For example, talking about men and women as the only options for sex and gender.

Classism	• A system of attitudes, bias, and discrimination based on social class. This includes the assumption that wealthier social classes are inherently superior to less wealthy social classes. • Classism can occur in laws, policies, and everyday interactions. • For example, a store clerk follows a customer who looks poor because of an assumption that the customer will steal.
Colonialism	• Colonialism is a system of attitudes, bias, and discrimination that allows for the taking and exploiting of lands and disempowerment of the peoples of those lands, particularly Indigenous lands and people. (27) It also includes events such as the British colonization of India and French colonization of Vietnam.

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	• Colonialism can occur in laws, policies, and everyday interactions.
	  o For example, the use of the Indian Act to control and assimilate Aboriginal people. (13, slide 10)
	  o For example, the creation of Indian Residential Schools that subjected many Aboriginal children to abuse as well as loss of language and culture. (13)
	  o For example, the colonization of Vietnam by the French drastically changed the entire Vietnamese written language by making it conform to the Latin alphabet.

Coming out or coming out of the closet	• The process of becoming aware of one's sexual or gender identity, accepting it, and/or telling others about it (1)
Cross Dresser	• people who wear clothing traditionally associated with a different gender than the gender they identify with • cross-dressers may or may not identify as transgender or transsexual • 'cross-dresser' has generally replaced the term 'transvestite', which is often considered derogatory and should not be used (1)
Drag King	• drag kings are performance artists who dress and act in a masculine manner and personify male gender stereotypes as part of their routine (3)
Drag Queen	• drag queens are performance artists who dress and act in a feminine manner and personify female gender stereotypes as part of their routine (3)

Elder	• There is a large number of First Nations across the country, embracing some 55 languages and major dialects, and constituting 11 linguistic families.
	• The definition of an Elder varies from nation to nation.
	  o For example, the Six Nations' definition of their Elders include: Faith Keepers, Clan Mothers, Hereditary Chiefs and Spiritual Leaders.
	  o The Algonquin Nation in their teachings an Elder is defined as someone who possesses spiritual leadership which is given by one's cultural and traditional knowledge. This knowledge is found in the teachings and responsibilities associated with sacred entities such as the Pipe, Wampum belt, Drum and Medicine people. In addition to the spiritual recognition given by the Creator

	and the Spirit World, and elder is given the title and recognition as elder by other elder of his/her respective community and nation. Also one does not have to be a senior citizen to be an elder. The gifted individual is given the position of elder by spiritual and human acceptance and must commit to fulfill his/her responsibilities and respect of the Creator's teachings. • Other nations have their own definitions, but their functions are basically the same: to ensure that traditional values, principles and other teachings are passed along, and to provide instruction to help individuals live in the right way. (100, para. 5)
Female-to-Male (FTM)	• May refer to a person assigned female at birth who identifies as male all or part of the time; transitioning-to-male; female-to-male spectrum (1)
Femme	• Describes gender expressions and/or social and relationship roles that are perceived as being feminine, or refers to a person who embodies these qualities (1)

First Nations	• In recent decades in Canada, the term "First Nations" has gained considerable currency.
	• At times, it has had something of the broad usage now accorded to "Aboriginal," and has appeared to be a more respectful successor to "Indian" (as "Native American" did in the US).
	• More recently, "First Nations" has shifted towards a more restrictive usage based upon identification with legally recognized reserve communities, and in that sense it refers specifically to people who are recognized members of them.
	   ○ In this restricted sense, "First Nations" refers to status Indians who are members of a First Nation.
	   ○ In this usage, it excludes non-status Indians, Inuit, Métis, and those who have Aboriginal ancestry, but less clear identification with a particular community.
	   ○ This usage also at times encodes a political divide: the Assembly of First Nations, for instance, though the largest and most established Aboriginal political organization in Canada, is composed of elected chiefs from First Nations, and does not directly represent any of these other groups.
	• The term "First Nations," or alternatively "First Peoples," is also used occasionally in international venues, but neither is used outside of Canada. (78, para. 15)

PROVIDING DIVERSITY COMPETENT CARE TO TWO-SPIRIT CLIENTS

Gay	Two useful definitions: 1) Refers to a person who is primarily attracted (physically, emotionally, sexually, and/or romantically) to those of the same sex or gender (1) 2) Refers to a man who is primarily attracted (physically, emotionally, sexually, and/or romantically) to men (1)
Gender	• Refers to the socially and culturally constructed roles, behaviours, expressions and identities of girls, women, boys, men, and trans people. (3)
Gender affirming surgery (GAS)	• Range of surgeries that create physical characteristics that are in line with one's gender identity, including vaginoplasty, breast augmentation, chest surgery, and phalloplasty, sometimes referred to as sex reassignment surgery (SRS) (3)
Gender creative	• Refers to people, often children, who identify and express their gender in ways that differ from societal and cultural expectations (3)
Gender diverse, gender non-conforming, gender variant	• Gender roles and/or gender expression that do not match social and cultural expectations (3)
Gender expression	• Refers to how a person represents or expresses their gender identity to others, often through name, pronoun choice, behaviour, clothing, hairstyles, voice, and/or body characteristics. (1, 4)
Gender fluid	• A gender identity that is changeable (3)
Gender identity	• Refers to the internal and psychological sense of oneself as a woman, a man, both, in-between, or neither. (3)
Gender variant	• See gender diverse.
Genderqueer	• A gender identity outside the gender binary (the "gender binary" only recognizes two gender--girls/women and boys/men--that are separate and unchanging) (3)
Heterosexism	• A system of attitudes, bias, and discrimination based on sexuality. This includes the assumption that heterosexuality is

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	inherently superior to all other sexualities.
	• Heterosexism can occur in laws, policies, and everyday interactions.
	    o For example, many rights were denied to non-heterosexual people until the early 2000s. (15)
	    o For example, assuming that a person's partner is not of the same sex.

Historical trauma	• This is a term originally coined by Maria Brave-Heart-Jordan. • It is the result of multiple and compounded layers of pain, grief and loss experienced over generations and contributing to underlying psychological wounding in individuals and groups. • The wounding is understood as being passed on from one generation to the next without opportunity for processing and healing. • Symptoms may include prolonged signs of acute grief, depression, substance abuse, etc. • The concept is often applied to the situation of North American Aboriginal people who shortly after contact and throughout the generations have experienced acts of forced removal, killings, attempted assimilation and apartheid through the Indian Act. • These originated in history but their effects are maintained and the underlying issues have not been addressed or redressed. • It can apply equally to individuals or groups of people whose experience of loss has originated in prior generations. o For example, the children of Jewish victims of Nazi genocide, Palestinian victims of forced removal from their homelands and where redress and/or healing is not complete. (84, pg. 15)
Hormone Therapy (HT)	• Administration of sex hormones for the purpose of bringing one's secondary sex characteristics more in line with one's gender identity; hormone replacement therapy; HRT; trans hormonal therapy. (3)
Indian Act	• Introduced shortly after Confederation, The Indian Act was an amalgamation of pre-Confederation colonial legislation that had been updated to meet the needs of the emerging Canadian state to expand and allow European settlement of the west and other regions. • This Canadian legislation governs the federal government's legal and political relationship with Aboriginal Peoples across Canada. It has been amended many times.

	• Since 1945, some of its more draconian elements have been removed to comply with international human rights law regarding civil and political rights, including opposition to genocide. (81)
Indigenous	• "Indigenous," has gained prominence as a term to describe Aboriginal peoples in an international context through the increasing visibility of international Indigenous rights movements. • "Indigenous" may be considered by some to be the most inclusive term of all, since it identifies peoples in similar circumstances without respect to national boundaries or local conventions, but it is, for some, a contentious term, since it defines groups primarily in relation to their colonizers. • It is worth noting, however, that "Indigenous," like "Aboriginal" or even "Indian," is not itself an "Indigenous" term in the sense of deriving from an Indigenous traditional practice or language, though it is very much a term that Indigenous people have worked hard to define. • Though it is often thought to refer to people who have some form of primary or first claim to a territory, it is not solely based on that primacy. • In United Nations (UN) documents and in common usage, it tends to refer to people with long traditional occupation of a territory, but who are now under pressure as minorities or disenfranchised populations within an industrialized or industrializing nation-state. (78, para. 17) **Note**: It is important to recognize that some Indigenous and Aboriginal people prefer not to be referred to as Indigenous or Aboriginal because these terms are viewed as generic terms that others, particularly colonizers, have used to label and simplify the great diversity of Indigenous Peoples, languages, cultures, and nations. Instead, some Indigenous and Aboriginal people may prefer to be referred to in the language of their nation, which emphasizes their linguistic and cultural distinctiveness and allows Indigenous and Aboriginal people to define themselves on their own terms.
Intergenerational, Multigenerational or Transgenerational Trauma	• Refers to the ways in which the effects of traumas experienced by one generation are carried over into future generations. (94) o For example, grandchildren of those survivors of the Indian Residential School system reported that such traumas affected the quality of parenting their parents

	received as well as the parenting that they themselves received. o Furthermore, having a parent who had attended the Indian Residential School system has been related to increased thoughts of suicide, "depressive symptoms, as well as increased adverse childhood experiences, adult traumas and perceived discrimination compared to First Nations adults whose parents did not attend." (85, pg. 16)
Inuit (singular form: Inuk, language: Inuktitut)	• Aboriginal peoples in Northern Canada who live above the tree line in the Northwest Territories, Northern Quebec and Labrador. • The word means "People" in the Inuit language - Inuktitut. • The Inuit is one of the cultural groups comprising Aboriginal peoples of Canada. (81)
Lesbian	• Refers to a woman who is primarily attracted (physically, emotionally, sexually, and/or romantically) to women (1)

LGBTQ2S	• An acronym that refers to lesbian, gay, bisexual, trans, queer, and Two-Spirit
	
	Note: There are many identities and lived experiences that are missed in the LGBTQ2S acronym.
	    o For example, **asexual people** also experience challenges in receiving competent care with health care providers.
	    o Future work can continue to develop resources and materials specifically for groups that have not been covered in this handbook. Please see the "Recommendations" section at the end of the document for more information about directions for future work.

Lo-Ho	• A slang term used by some trans people who take low doses of hormones (3)
Lower Surgery	• Umbrella term for gender-affirming surgeries done below the waist, including masculinizing (e.g. hysterectomy, clitoral release, metoidioplasty, and phalloplasty) and feminizing (e.g. orchiectomy and vaginoplasty) surgeries (3) • Often called bottom surgery
Male-to-Female	• May refer to a person assigned male at birth who identifies as

(MTF)	female all or part of the time; transitioning-to-female; female-to-male spectrum (1)
Man	• Refers to a human being who self-identifies as a man, based on elements of importance to the individual, such as gender roles, behaviour, expression, identity, and/or physiology (3)
Men who have sex with men (MSM)	• Refers to men who engage in sexual activity with other men. **Note 1**: Within epidemiology, it has often been used as a term to categorize men based on their sexual behaviours regardless of their sexual identity for the purposes of research and analysis. (8) **Note 2**: For some men of colour, MSM is a sexual identity that is preferred over the term "gay" because "gay" is seen as a Western identity label that may be inconsistent with their own cultural norms and understandings of identities. (9)
Métis	• Originally referred to persons of mixed Indian and French ancestry. • Now refers to a person who self-identifies as Métis, is of historic Métis Nation ancestry, and/or is accepted by the Métis Nation through its acceptance process. (81) • The advent of the fur trade in west central North America during the 18th century was accompanied by a growing number of mixed offspring of Indian women and European fur traders. As this population established distinct communities separate from those of Indians and Europeans and married among themselves, a new Aboriginal people emerged – the Métis people – with their own unique culture, traditions, language (Michif), and way of life, and nationhood. (86, para. 1

Monosexism	• A system of attitudes, bias, and discrimination based on monosexuality.
	   ○ This includes the assumption that everyone is, or should be, monosexual and that being monosexual is inherently superior to being bisexual.
	• Monosexism can occur in laws, policies, and everyday interactions.
	   ○ For example, bisexual people are often told that their sexuality is "just a phase". (2)

Monosexual	• A person who is attracted to people of no more than one gender (2, pg. 321)

Monthly Bleeding	• A term for 'menstrual bleeding' or 'period' used by some trans people (3)
No-Ho	• A slang term used by some trans people who do not take hormones (3)
Non-Status Indian	• An Aboriginal person who is not recognized as "Indian" under The Indian Act. • This term does not apply to Inuit or Métis persons as they are not included under The Indian Act. (81)
Packing	• A term some people use to describe wearing padding or a non-flesh penis in the front of the lower garment or underwear to give the appearance of having a penis (3)
Padding	• The use of undergarments to create the appearance of larger breasts, hips, and/or buttocks (3)
Pangender	• Gender identity that includes all genders; multi-gender; omni-gender (1)
Pan-Indianism / Pan-Aboriginalism	Two definitions are useful: 1) The inability to recognize that Indigenous peoples, cultures, languages, communities and nations are diverse. 2) A way of politically mobilizing that emerged out of the "shared experience, circumstance, and condition" of colonization on Aboriginal peoples. (80, pg. 85) Pan-Aboriginalism can be used for "the purpose of representing and promoting shared interests and goals [of Aboriginal peoples], and building on collective strength." (80, pg. 86)
Passing	• A term sometimes used when a trans person is not recognizable as trans (3)
Penis*	• Penis* (with an asterisk) is used to acknowledge the many different words that are used for this body part: penis, strapless, shenis, etc. (3)
Person of colour	• A term used to refer to non-white people, used instead of the term "minority," which implies inferiority and disenfranchisement. • The term emphasizes common experiences of racial

	discrimination or racism. (99) • It is inclusive of Indigenous people. • However, not all non-white people or Indigenous people will identify as people of color.
Polyamory or poly	• Relationships that can be understood as ''simultaneous romantic relationships, with the blessing and consent of each of their partners…[p]olyamorous people commit to honesty, negotiation, and clear communication about each of the relationships in their life." (63, pg. 139)
Queer	Three useful definitions: 1) Refers to a person who is non-heterosexual and/or non-cisgender (1) 2) An umbrella term or shorthand for 'LGBT' or broadly for sexual and gender minorities (1) 3) A reclaimed term that was once and is still used as a hate term and thus **some people feel uncomfortable with the term**, particularly older LGBTQ2S people who may have lived through a time in which queer was used as a mainly as a very hateful term (1) **Note 1**: Not all trans people consider trans as being part of the term 'queer'. **Note 2**: Not all queer people see queer identities as being synonymous with LGBT. **Note 3**: It is important to be aware that there is concern that umbrella terms may over- or underemphasize some or many of the identities within the umbrella term over others.

Racism	• Refers to the attitude or assumption that one race, ethnicity or nationality is inherently superior to others. Generally, it is a system of attitudes, bias, and discrimination based on race, ethnicity or nationality.
	• Racism can occur in laws, policies, and everyday interactions.
	     o For example, Indigenous people did not receive the right to vote in Canada until the 1960s. (28)
	     o For example, telling a person of colour that you do not see race or colour. This denies an important aspect of that person's identity and lived experience. (29)

Real Life Experience	• A requirement for medical transition services where one is

(RLE)	required to live full-time in their self-determined gender role in order to access medical transition services. ○ For example, if someone who is assigned male at birth wants to medically transition to female through genital reconstruction surgery, they would be expected to live as a female in their everyday life for 12 continuous months prior to the surgery. • This term has been removed from the current standards of care that BC follows--the World Professional Association for Transgender Health's (WPATH) Standard of Care for the Health of Transsexual, Transgender and Gender Nonconforming People, Version 7 (92). • However, genital reconstruction surgery still requires trans clients/patients/residents to have "12 continuous months of living in a gender role that is congruent with their gender identity" (92, pg. 106) • Upper body surgeries, hysterectomies, and orchiectomies, do not require clients/patients/residents to have lived in their self-determined gender role.
Reserve	• A tract of land set aside by treaty or the Indian Act for the use and occupancy of Aboriginal peoples specified as status Indians. (79, pg. 12)
Sex **(A term distinct from the term gender)**	• Refers to biological attributes and may be used as legal categories to classify humans as male, female, intersex or other categories, primarily associated with physical and physiological features including chromosomes, genetic expression, hormone levels and function, and reproductive/sexual anatomy (3)
Sex Assignment	• Legal designation of sex, usually made at birth (3)
Sex Reassignment Surgery	• See gender-affirming surgery

Sexism	• A system of attitudes, bias, and discrimination based on sex. This includes the assumption that men are inherently superior to all other sexes including women and intersex people.
	
	• Sexism can occur in laws, policies, and everyday interactions.
	
	    ○ For example, using "he" or "mankind" to refer to all people. (29, pg. 32)
	
	    ○ For example, blaming women who are victims of sexual abuse based on the clothing that they wear or have worn.

Sexual attraction or orientation	• Refers to the capacity of a person to develop intimate, emotional, and/or sexual relationships with people of the same genders or different genders. • Sexual attraction and orientation is separate from sexual identity or behaviour. (11, pg. 6)
Sexual behaviour	• Refers to what a person does sexually. • A person's sexual behaviour can be different from their sexual attraction or orientation. o For example, some lesbians may have sex with cisgender men to conceive children, to conform to societal expectations of heterosexuality, for desire, or to make money. (11, pg. 6)
Sexual identity	• Refers to how a person **self-identifies** their sexuality. • Sexual identity may not be congruent with sexual behaviour or attraction. (11, pg. 6)
Sexuality	• Refers to the unique combination of one's sexual orientation, identity and behaviour.
Status Indian	• An Aboriginal person who is designated an "Indian" by the Indian Act, determining who can or cannot receive various rights or benefits conferred by the Act. (81)
Stealth	• The practice of living one's life entirely as one's self-determined gender without disclosing past experiences (1)
Third Gender	• A gender other than male or female (3)
Top Surgery	• Umbrella term used for some gender-affirming surgeries including masculinizing chest surgeries and feminizing breast augmentation surgeries (3)
Traditional Healing	• Defined as "practices designed to promote mental, physical, [emotional] and spiritual well-being that are based on beliefs which go back to the time before the spread of western, 'scientific' bio-medicine". • When Aboriginal people in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony,

	counselling and the accumulated wisdom of the elders. (82)
Traditional medicine	• Refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness. • Traditional medicine covers a wide variety of therapies and practices which vary from country to country and region to region. • In some countries, it is referred to as "alternative" or "complementary" medicine (CAM). (83, para. 1) • Traditional medicine has been used for thousands of years with great contributions made by practitioners to human health, particularly as primary health care providers at the community level. • TM/CAM has maintained its popularity worldwide. Since the 1990s its use has surged in many developed and developing countries. (83, para. 2)
Trans (Trans*, Transgender, Transsexual)	• An umbrella term that describes a wide range of people whose gender identity and/or gender expression **differ from their assigned sex and/or the societal and cultural expectations of their assigned sex** • This includes people who identify as androgyne, agender, bigender, butch, Coercively Assigned Female at Birth (CAFAB), Coercively Assigned Male at Birth (CAMAB), cross-dresser, drag king, drag queen, femme, female-to-male (FTM), gender creative, gender fluid, gender non-conforming, genderqueer, gender variant, MTF (male-to-female), pangender, questioning, trans, trans man, trans woman, transgender, transmasculine, transsexual, and Two-Spirit. (3) **Note 1**: Transgender is correctly used as an adjective, not a noun, thus "transgender people" is appropriate but "transgenders" is often viewed as disrespectful. (4) **Note 2**: There is a substantial debate in the community over whether trans or trans (with an asterisk) is more inclusive. It is important to respect both uses and acknowledge that, as with many aspects of language, there is still debate and potential for reinvention and renegotiation on most appropriate language. **Note 3**: A significant number of self-identified transsexual persons do not also self-identify as transgender.

Trans man	• May describe someone who identifies as trans and a man (3)
Trans woman	• May describe someone who identifies as trans and a woman (3)
Transition	• Refers to the process during which trans people may change their gender expression and/or bodies to reflect their gender identity or sexual identity. • Transition may involve a change in physical appearance (hairstyle, clothing), behaviour (mannerisms, voice, gender roles), and/or identification (name, pronoun, legal details). • It may be accompanied by changes to the body such as the use of hormones to change secondary sex characteristics (e.g. breasts, facial hair) (1)
Tucking	• Method of positioning the penis and testicles so as to conceal them (3)
Two-Spirit	• Refers to all sexual and gender variance among people of Indigenous North American descent: in other words, lesbian, gay, bisexual, transgender and/or queer identities (5, pg. 4). • The term Two-Spirit may incorporate a variety of aspects and meanings related to sexuality, gender, cultural traditions and roles, spirituality, community, and politics. (5) • The term Two-Spirit or Two-Spirited was proposed in Minnesota in 1988 and coined in Winnipeg in 1990, at a gathering of the Native American/First Nation gay and lesbian conference. (6, pg. 31) **Note 1:** Not all Aboriginal LGBT people identify as Two-Spirit. (5, pg. 4) **Note 2:** The term Two-Spirit or Two-Spirited is not universally accepted by all Aboriginal people. One of the controversies stems from the caution against reducing the histories and rich and diverse traditions of Two-Spirited people into a common denominator. (6, pg. 31) **Note 3**: The term "Two-Spirit" is not easily translated into indigenous languages (e.g., in Navajo it means literally "being possessed"). Neither is the term uniformly employed or widely accepted among Aboriginal peoples. To some Aboriginal peoples, the term refers to a person with a [LGBT] orientation. To others, it denotes an individual with tribally specific spiritual, social, and cultural roles that are not defined at all by sexual orientation or gender role. Still other Aboriginal peoples employ the term in a highly contextualized way. For example, one Navajo activist refers to himself as [nadleeh] when interacting with other

	Navajos, as "Two-Spirit" when interacting with non-Navajo people, and as "gay" when interacting with non-Aboriginal [LGBT] individuals. (7, pg. 271) **Note 4**: The term Two-Spirit can hold both political and/or cultural meanings and significance that varies across Two-Spirit people. Some Two-Spirit people may view reclaiming Two-Spirit identity and roles as deeply connected to reviving and sustaining Indigenous cultures and, therefore, would not apply to non-Indigenous people. Other Two-Spirit people may view Two-Spirit as a cultural teaching that would apply to non-Indigenous people as well.
Woman	• Refers to a human being who self-identifies as a woman, based on elements of importance to the individual, such as gender roles, behaviour, expression, identity, and/or physiology (3)
Women who have sex with women (WSW)	• Refers to women who engage in sexual activity with other women. **Note:** Similarly with MSM, some women of colour may not identify with labels such as lesbian because of their perceived association with white communities. (10)

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GLOSSARY OF RESOURCES

Resource	Description
1800SUICIDE	• 1800SUICIDE (1-800-784-2433) is a national suicide hotline for those considering suicide or are concerned about someone who may be.
2-Spirited People of the First Nations	• 2-Spirited People of the 1st Nations (2 Spirits) is a non profit social service organization whose membership consists of Aboriginal 2-Spirit (commonly known as Aboriginal lesbian, intersexed, gay, bisexual, and transgendered) people in North America. • Due to the AIDS epidemic, the organization was prompted to have health, counselling and advocacy expertise. • 2 Spirit's programs and services include HIV/AIDS education, harm reduction education, health promotion, support and counselling for two spirit people and other Aboriginal persons living with and affected by HIV/AIDS. For more information, please visit their website at http://www.2spirits.com/
310Mental Health Support	• 310Mental Health Support (310-6789) is the toll-free provincial access to emotional support, information and resources specific to mental health. • In operation since 2009, this network is also available 24/7/365 throughout BC.
Asking the right questions 2	• The Centre for Addiction and Mental Health (CAMH) has put together a guide for talking with clients about sexual orientation and gender identity in mental health, counselling and addiction settings. Many of the questions may be useful outside of these settings as well. The complete guide can be accessed on the CAMH website at https://knowledgex.camh.net/amhspecialists/Screening_Assessment/assessment/ARQ2/Pages/default.aspx
BC Centre For Disease Control's (BCCDC) Smart	• BCCDC's Smart Sex Resource has information about safer sex, STI testing, and additional resources for gay and bisexual men.

Sex Resource - Gay and Bisexual Men's Resources	http://smartsexresource.com/topics/gay-and-bisexual-mens-resources
BC Centre For Disease Control's (BCCDC) Smart Sex Resource - Lesbian and Bisexual Women's Resources	• BCCDC's Smart Sex Resource has information about safer sex, STI testing, and additional resources for lesbian and bisexual women.. http://smartsexresource.com/topics/lesbian-and-bisexual-womens-resources
BC Centre of Excellence for Women's Health - Trauma Informed Practice Guide	• The BC Centre of Excellence for Women's Health has developed a guide on trauma informed practice. For more information, please visit their website at http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
CATIE or the Canadian AIDS Treatment Information Exchange	• Catie offers a range of LGBTQ2S-specific HIV and Hep C prevention pamphlets and posters. For more information, please visit their website at http://www.catie.ca
Crisis Centre Chat	• CrisisCentreChat.ca offers an online chat service for adults 25+ – where people can chat one-on-one with trained volunteers. This chat service offers free, confidential, non-judgmental support to individuals in emotional distress – from noon-1am daily. • Their website offers information and resources related to mental health issues and suicide, and a list of community organizations and websites where you can get help. For more information, please visit their website at http://crisiscentrechat.ca/
Diversity Competency In-Person Workshop: Providing Care to LGBTQ Clients	• Fraser Health currently offers training on providing care to LGBTQ clients. Please visit the link below to sign up for an in-person workshop. For more information, please visit https://ccrs.vch.ca/ and search for "Providing care to LGBTQ clients"
Fraser Health - Global Family Care Clinic	• The Global Family Care Clinic in Burnaby provides medical care and social support for newcomers to Canada whose medical needs may be complicated by language, cultural, and knowledge barriers.

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	- The clinic provides health management, education and self-management support for individuals and their families and focuses on pregnant women and children under five. - The clinic is staffed by a full-time nurse practitioner who works collaboratively with physicians and community service providers. - Service is also available to immigrants, privately sponsored refugees and refugee claimants within their first three years in Canada. - This is not a walk-in clinic and service is by appointment only. For more information, please visit the Fraser Health website at http://www.fraserhealth.ca/find_us/services/our_services?&program_id=14410
Fraser Health - New Canadian Clinic	- The New Canadian Clinics, in Burnaby and Surrey, provide medical care and social support for new immigrants and refugees whose medical needs may be complicated by language, cultural, and knowledge barriers. - Focuses on providing health management, education and self-management support for those with multiple chronic diseases such as diabetes, heart, lung and renal disease. - A referral is required from health or social service providers. - This is not a walk-in clinic and service is by appointment only. It is staffed by a public health nurse and nurse practitioner, with a physician by arrangement. For more information, please visit the Fraser Health website at http://www.fraserhealth.ca/find_us/services/our_services?program_id=10601
General Prevention and Screening section for Transgender Clients	For more specific information regarding cancer screening, please see the General Prevention and Screening section of the Centre of Excellence for Transgender Health at http://transhealth.ucsf.edu/trans?page=protocol-screening
Health Initiative for Men - Posters and Postcards	The Health Initiative for Men has a number of posters and postcards related to gay men's health that can be requested. They also have multiple clinics, one of which is in New Westminster. For more information, please visit their website at http://checkhimout.ca/
Health Initiative for Men - HIV	The Health Initiative for Men have created HIV testing and risk calculators (including an email reminder system) for gay and

testing and risk calculators	bisexual men and can be found at http://checkhimout.ca/testing/.
Health Initiative for Men - Health Centre	• The Health Initiative for Men has opened a Health Centre in New Westminster (40 Begbie Street) that provides a range of health services for gay men: STI testing, counselling, change advocates and sexual health education. For more information, please visit the Health Initiative for Men website at http://checkhimout.ca/him-sexual-health-centre/
I am on the FTM Spectrum*... What do I Need to Know about HPV and Cancer?	• Fenway Health have created an informational guide on HPV and cancer for people of the female-to-male (FTM) spectrum. For more information, please visit their website at http://www.fenwayhealth.org/site/DocServer/com166_transPapSmear-brochure_v25_05.29.2014-digital2.pdf?docID=11961
Indigenous Cultural Competency Training Program (Provincial Health Services Authority in BC)	• The ICC training is a unique, facilitated on-line training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. • The goal of the ICC training is to further develop individual competencies and promote positive partnerships. Skilled facilitators guide and support each participant through dynamic and interactive learning modules. • Participants will learn about terminology; diversity; aspects of colonial history such as Indian residential schools and Indian Hospitals, time line of historical events; and contexts for understanding social disparities and inequities. • Through interactive activities participants examine culture, stereotyping, and the consequences and legacies of colonization. • Participants will also be introduced to tools for developing more effective communication and relationship building skills. For more information, please visit their website at http://www.culturalcompetency.ca/
Interim Federal Health Program	• The Interim Federal Health Program provides limited temporary coverage of health-care costs to protected persons who are not eligible for provincial or territorial health insurance plans and where a claim cannot be made under private health insurance. • These protected persons include resettled refugees, refugee claimants, certain persons detained under the Immigration and

	Refugee Protection Act and other specified groups. For more information, please visit their website at http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp You can also contact the program by phone… ● General Inquiries: 1-888-242-2100 ● TTY: 1-888-576-8502
Kids Help Phone	• Kids Help Phone is a free, anonymous and confidential phone and on-line professional counselling service for youth. Big or small concerns. 24/7. 365 days a year. For more information, please visit their website at http://www.kidshelpphone.ca/. The help phone line is 1-800-668-6868.
LGBTQ2S Community of Practice website	• A communication hub for service providers in the Vancouver Coastal area (and beyond) whose work focuses on the health and wellness of LGBTQ2S people. For more details, please see http://prismcop.ning.com/
List of British Columbia Crisis Centres	• The Canadian Association for Suicide Prevention has created a list of crisis centres and contact information that is specific to BC. For more information, please visit their website at http://suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre/british-columbia-crisis-centres/
Our City of Colours	• Our City of Colours has developed an amazing series of multilingual posters featuring people of various linguistic, cultural, racial, and ethnic communities. • Posters can be downloaded or requested from the Our City of Colours website. For more information, please visit their website at http://www.ourcityofcolours.com/posters/
Primed: The Back Pocket Guide for Transmen and the Men who Dig Them	• CATIE or the Canadian AIDS Treatment Information Exchange has archived an excellent sexual health resource for trans men. For the resource, please visit the CATIE resource library at http://librarypdf.catie.ca/PDF/ATI-20000s/24654.pdf

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Prism Services (Vancouver Coastal Health)	• Prism provides workshops and training for service providers, community members, students and service users on inclusion, diversity and promoting health and wellness for the LGBTQ2S communities. For more information, please email Prism Services at prism@vch.ca.
Province of BC - Changing your personal information	• All forms related to changes in BC IDs can be found on the province of BC website. For more information, please see their website at http://www2.gov.bc.ca/gov/topic.page?id=C53953157EE344A681EFD28325B526F4
QMUNITY, BC's Queer Resource Centre	• QMUNITY distributes print resources such as a chest health resource for trans folk, and a series of LGBTQ2S relationship abuse resources. For more information, please visit their website at http://www.qmunity.ca
Queer Women's Health Initiative - Check it Out	• The Queer Women's Health Initiative, in partnership with many other organizations in Ontario, has put together a website on Pap Smears for lesbian, bisexual, queer, gay and any other women who have sex with women. For more information, please visit their website at http://www.check-it-out.ca/
Rainbow Refugee	• Founded in 2000, Rainbow Refugee Committee (RRC) is a Vancouver based community group that supports and advocates with people seeking refugee protection because of persecution based on sexual orientation, gender identity, or HIV status. • Rainbow Refugee Committee engages in outreach, advocacy and public education on QLGBT/HIV+ refugee issues. • RRC is member driven and all volunteer. ● RRC also provides information to asylum seekers outside Canada ● RRC is a sister organization of LEGIT: Canadian Immigration for same-sex partners ● Other support groups for lesbian, gay, transgender, bisexual &/or HIV+ asylum seekers and refugee claimants are beginning in Toronto, Montreal and other cities across Canada. For more information, visit their website at http://www.rainbowrefugee.ca/

Rapid Access Consultative Expertise (R.A.C.E.) Line	• The Rapid Access Consultative Expertise Line or R.A.C.E. Line is a phone consultation line for primary care providers across BC, staffed by physicians who are experts in trans health care. For more details about R.A.C.E. line please visit their website at http://www.raceconnect.ca/about-race/. Calls are typically returned within two hours. Monday to Friday: 8:00AM - 5:00PM Local Calls: 604-696-2131 Toll Free: 1-877-696-2131
Recommendations for Creating LGBTQ Newcomer Positive Spaces	• The Ontario Council of Agencies Serving Immigrants (OCASI) has issued recommendations for creating LGBTQ Newcomer Positive Spaces. For more information, please visit their website at http://www.positivespaces.ca/recommendations-creating-lgbtq-newcomer-positive-spaces
Refugee Health Vancouver	• Refugee Health Vancouver is a practical resource to support clinicians who provide care to refugees in British Columbia. • The website includes overview and coverage information, guidelines and tools, community resources, patient handouts in multiple languages, and more. • A guide to mental health work with refugees is also available. For more information, please visit their website at http://www.refugeehealth.ca
Straight for Equality Sample Intake Form	• Straight for Equality has a sample intake form that includes questions and phrasing that is more inclusive. Their sample intake form can be found on their website at http://www.straightforequality.org/HealthcareMaterials
The Native Youth Sexual Health Network: Healthy Sexuality & Fighting Homophobia & Transphobia	• The Native Youth Sexual Health Network (NYSHN) is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice throughout the United States and Canada. • The Native Youth Sexual Health Network has developed a series of images that can be used as posters, postcards, as well as community newspaper inserts for articles and awareness.

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Campaign	To download the series and for more information please visit their website at http://nativeyouthsexualhealth.com/youthphotoproject.html
This Is Our Community: Bisexual Anti-Stigma Campaign Posters	• Rainbow Health Ontario has developed a series of 4 posters of diverse bisexual people. • Posters and postcards can be downloaded or purchased from the Rainbow Health Ontario website. For more information, please visit their website at http://www.rainbowhealthontario.ca/
Tips for Providing Paps Smears to Trans Men	• Check It Out Guys has put together 13 helpful tips in providing pap smears to trans men. The tip sheet can be found on their website at http://www.checkitoutguys.ca/
Top Ten Issues to Discuss with your Health Care Provider (Separate lists available for lesbian, gay, bisexual, and trans clients)	• In the United States, GLMA: Health Professionals Advancing LGBT Equality, previously known as the Gay & Lesbian Medical Association, has a simple top ten issues list that may encourage clients to discuss particular health needs with health care providers. • The lists can be found and downloaded from their website. For more information, please visit their website at http://www.glma.org/
Trans Men's Pap Smear Awareness Posters	• Check It Out Guys has put together a series of posters promoting pap smear awareness amongst trans men. Posters can be downloaded from http://checkitoutguys.ca/Posters-Print.pdf
Trans Sexuality A Safe Sex Guide for Trans People and Their Partners	• Handbasket Productions has created a helpful introduction to trans sexual education. For the guide, please visit their website at http://handbasketproductions.com/Trans%20Sex%20Ed%20%28ezine%29.pdf
Trans Women's Safer Sex Guide	• CATIE or the Canadian AIDS Treatment Information Exchange has archived an excellent sexual health resource for trans women.

	For the resource, please visit the CATIE resource library at http://librarypdf.catie.ca/pdf/ATI-20000s/26424.pdf
Transforming Practice: Life Stories of Transgender Men That Change How Health Providers Work	• Multiple health care providers have recommended "Transforming Practice: Life Stories of Transgender Men That Change How Health Providers Work" as additional reading that would helpful in providing trans competent care. For more information on the book, please visit the author's website at http://www.transformingpractice.net/
Vancouver Association for Survivors of Torture (VAST)	• VAST promotes the human rights and mental health of refugees who arrive in British Columbia with trauma as a result of torture, political violence, and other forms of persecution on the basis of race, religion, nationality, gender identity, sexual orientation, and political opinion. • They provide trauma-focused psychological counselling and community-based psychosocial support, as well as public education and advocacy. For more information, please visit their website at http://www.vast-vancouver.ca/
Vancouver Coastal Health (VCH) Transgender Health Information Program (THiP)	• The VCH Transgender Health Information Program (THiP) is a resource hub that provides information to anyone in BC with a transgender health question. • Trans health, terminology and provider networks can be found through contacting the Transgender Health Information program. For more information, please visit their website at http://transhealth.vch.ca/
VCH Transgender Health Information Program - ID and Name Change	• The VCH Transgender Health Information Program has organized the current information and links available regarding ID and Name Changes for trans clients/patients/residents on their website. For more information, please see their website at http://transhealth.vch.ca/social-transition-options/id-and-name-change#.U-pV52POfIU
VCH Transgender Health Information	• The VCH Transgender Health Information has a section of their website that includes links to a variety of resources relevant to parents and caregivers of trans loved ones.

Program - Parents and Caregivers	For more information, please visit their website at http://transhealth.vch.ca/support/families/parents-and-caregivers
Youth In BC	• YouthInBC.com (sometimes referred to as YIBC) is first and foremost an on-line crisis chat service, where you can chat 1-on-1 with a trained volunteer from the Crisis Centre, where our service is based. • Their website has information on a variety of youth-related issues, as well as resources: a list of organizations and websites where youth can get help. For more information, please visit their website at http://youthinbc.com/

REFERENCES

(1) Queer Terminology - From A to Q [Internet]. Qmunity; [cited 2014 Aug 22]. Available from: www.qmunity.ca/wp-content/uploads/2013/07/Queer-Terminology-Web-Version-Sept-2013.pdf

(2) Eisner S. Bi: notes for a bisexual revolution. Berkeley, CA: Seal Press; 2013. 345 p.

(3) Glossary [Internet]. Transgender Health Information Program (Vancouver Coastal Health) [cited 2014 Jul 26]. Available from: http://transhealth.vch.ca/trans-101/glossary

(4) Transgender Terminology [Internet]. National Center for Transgender Equality; 2014 [cited 2014 Aug 22]. Available from: http://transequality.org/Resources/TransTerminology_2014.pdf

(5) Ristock, J., Zoccole, A., and Potskin, J. (2011). Aboriginal Two-Spirit and LGBTQ Migration, Mobility and Health Research Project: Vancouver, Final Report, September 2011.

(6) Meyercook F, Labelle D. Namaji: Two-Spirit Organizing in Montreal, Canada. Journal of Gay & Lesbian Social Services. 2003 Dec 4;16(1):29–51.

(7) Fieland, KC, Walters, KL, Simoni, JM. Determinants of Health Among Two-Spirit American Indians and Alaska Natives. In: Meyer IH, Northridge, ME, editors. The Health of Sexual Minorities. New York: Springer Publishing; 2007. p. 268-300.

(8) British Columbia. Provincial Health Officer. (2014) HIV, Stigma and Society: Tackling a Complex Epidemic and Renewing HIV Prevention for Gay and Bisexual Men in British Columbia. Provincial Health Officer's 2010 Annual Report. Victoria, BC: Ministry of Health.

(9) Yoo GJ, Le M-N, Oda AY, editors. Handbook of Asian American health. New York: Springer; 2013. 449 p.

(10) Barbara AM, Chaim G, Doctor F, Centre for Addiction and Mental Health. Talking with clients about sexual orientation and gender identity in mental health, counselling and addiction settings. Toronto: Centre for Addiction and Mental Health; 2004.

(11) Hudspith M, British Columbia, Ministry of Health and Ministry Responsible for Seniors, British Columbia, Minister's Advisory Council on Women's Health. Caring for lesbian health: a resource for health care providers, policy makers and planners. Victoria: British Columbia, Ministry of Health and Ministry Responsible for Seniors; 1999.

(12) Gilbert Deschamps. We are part of a tradition: a guide on Two-Spirited people for First Nations communities [Internet]. 2-Spirited People of the First Nations; [cited 2014 Aug 22]. Available from: http://www.2spirits.com/PDFolder/WeArePartOfTradition.pdf

(13) What Health Care Providers Can Learn: A History of 2 Spirited People [Internet]. 2 Spirited People of The 1st Nations; [cited 2014 Aug 22]. Available from: http://www.2spirits.com/PDFolder/AHistoryof2SpiritedPeople.pdf

(14) Ryan B. A New Look at Homophobia and Heterosexism in Canada. 2003 [cited 2014 Aug 22]; Available from: http://pubs.cpha.ca/PDF/P18/21296.pdf

(15) A Chronology of Advances in LGBT Rights in Canada, and in BC [Internet]. BC Teachers' Federation; [cited 2014 Aug 22]. Available from: http://bctf.ca/SocialJustice.aspx?id=6100

(16) Canadian AIDS Society Milestones [Internet]. Canadian AIDS Society; [cited 2014 Aug 22]. Available from: http://www.cdnaids.ca/canadianaidssocietymilestones

(17) Grounds of Protection in B.C. [Internet]. The B.C. Human Rights Coalition; [cited 2014 Aug 22]. Available from: http://www.bchrcoalition.org/files/GroundsProtection.html

(18) Canada G of CAA and ND. Residential Schools [Internet]. 2011 [cited 2014 Aug 1]. Available from: https://www.aadnc-aandc.gc.ca/eng/1302882353814/1302882592498

(19) Canada CHCG of. Sexual Orientation and Human Rights [Internet]. 2013 [cited 2014 Aug 23]. Available from: http://www.pch.gc.ca/eng/1355925591901/1398369493402

(20) Research and Policy. FAQ – Gender Identity and Canada's Human Rights System [Internet]. Egale. [cited 2014 Aug 23]. Available from: http://egale.ca/all/faq-gender-identity/

(21) Government of Canada PHA of C. Fact Sheet: Gay, bisexual, Two-Spirit and other men who have sex with men - Populations at Risk - Public Health Agency of Canada [Internet]. 2006 [cited 2014 Aug 23]. Available from: http://www.phac-aspc.gc.ca/aids-sida/pr/sec2-eng.php#men

(22) Gender Dysphoria [Internet]. American Psychiatric Association; [cited 2014 Aug 23]. Available from: http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf

(23) Dunn B. LGTB Health Matters: An Education and Training Resource for Health and Social Service Sectors [Internet]. [cited 2014 Aug 23]. Available from: http://www.sexualhealthcentresaskatoon.ca/pdfs/p_lgbt.pdf

(24) Same-sex couples and sexual orientation… by the numbers [Internet]. Statistics Canada; [cited 2014 Aug 23]. Available from: http://www42.statcan.gc.ca/smr08/2014/smr08_189_2014-eng.htm

(25) Kuyper L, Wijsen C. Gender Identities and Gender Dysphoria in the Netherlands. Archives of Sexual Behavior. 2014 Feb;43(2):377–85.

(26) Bauer GR, Hammond R, Travers R, Kaay M, Hohenadel KM, Boyce M. "I Don't Think This Is Theoretical; This Is Our Lives": How Erasure Impacts Health Care for Transgender People. Journal of the Association of Nurses in AIDS Care. 2009 Sep;20(5):348–61.

(27) Alfred GT. Colonialism and state dependency. Journal de la santé autochtone. 2009;42–60.

(28) Canada E. A History of the Vote in Canada [Internet]. [cited 2014 Sep 6]. Available from: http://www.elections.ca/content.aspx?section=res&dir=his&document=chap3&lang=e#a320

(29) Sue DW. Microaggressions in everyday life: race, gender, and sexual orientation. Hoboken, N.J: Wiley; 2010. 328 p.

(30) Eliason MJ, Schope R. Original research: Does "don't ask don't tell" apply to health care? Lesbian, gay, and bisexual people's disclosure to health care providers. Journal of the Gay and Lesbian Medical Association. 2001;5(4):125–34.

(31) The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. LGBTFieldGuide.pdf

(32) Hudspith M, British Columbia, Ministry of Health and Ministry Responsible for Seniors, British Columbia, Minister's Advisory Council on Women's Health. Caring for lesbian health: a resource for health care providers, policy makers and planners. Victoria: British Columbia, Ministry of Health and Ministry Responsible for Seniors; 1999.

(33) Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients [Internet]. Gay and Lesbian Medical Association; 2006 [cited 2014 Aug 23]. Available from: http://glma.org/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf

(34) McNair RP, Hegarty K. Guidelines for the Primary Care of Lesbian, Gay, and Bisexual People: A Systematic Review. The Annals of Family Medicine. 2010 Nov 1;8(6):533–41.

(35) Knight RE, Shoveller JA, Carson AM, Contreras-Whitney JG. Examining clinicians' experiences providing sexual health services for LGBTQ youth: considering social and structural determinants of health in clinical practice. Health Education Research [Internet]. 2014 Jan 10 [cited 2014 Jul 7]; Available from: http://www.her.oxfordjournals.org/cgi/doi/10.1093/her/cyt116

(36) Snelgrove JW, Jasudavisius AM, Rowe BW, Head EM, Bauer GR. "Completely out-at-sea" with "two-gender medicine": A qualitative analysis of physician-side barriers to providing healthcare for transgender patients. BMC health services research. 2012;12(1):110.

(37) Scherrer K. Culturally Competent Practice with Bisexual Individuals. Clinical Social Work Journal. 2013 Sep;41(3):238–48.

(38) Institute of Medicine (U.S.). The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding. Washington, DC: National Academies Press; 2011. 347 p.

(39) Bauer GR, Scheim AI, Deutsch MB, Massarella C. Reported Emergency Department Avoidance, Use, and Experiences of Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey. Annals of Emergency Medicine. 2014 Jun;63(6):713–20.e1.

(40) Lampinen TM, Bonner SJ, Rusch M, Hogg RS. High Prevalence of Smoking Among Urban-Dwelling Canadian Men Who Have Sex with Men. Journal of Urban Health. 2006 Dec 8;83(6):1143–50.

(41) British Columbia. Provincial Health Officer. (2014) HIV, Stigma and Society: Tackling a Complex Epidemic and Renewing HIV Prevention for Gay and Bisexual Men in British Columbia. Provincial Health Officer's 2010 Annual Report. Victoria, BC: Ministry of Health.

(42) Tjepkema M. Health care use among gay, lesbian and bisexual Canadians. Health Reports. 2008;19(1):53–64.

(43) Longman Marcellin R, R. Bauer G, I. Scheim A. Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. Carol Mutch and Dr Jay Marlowe D, editor. Ethnicity and Inequalities in Health and Social Care. 2013 Nov 29;6(4):97–107.

(44) Scheim AI, Bauer GR. Sex and Gender Diversity Among Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey. Journal of Sex Research. 2014 Apr 21;1–14.

(45) Grant JM, Mottet LA, Tanis J, Herman JL, Harrison J, Keisling M. National Transgender Discrimination Survey Report on health and health care. National Center for Transgender Equality and National Gay and Lesbian Task Force Washington, DC. 2010;1–23.

For more information contact diversity.services@fraserhealth.ca

(46) Balsam KF, Huang B, Fieland KC, Simoni JM, Walters KL. Culture, trauma, and wellness: A comparison of heterosexual and lesbian, gay, bisexual, and Two-Spirit Native Americans. Cultural Diversity and Ethnic Minority Psychology. 2004;10(3):287–301.

(47) Stevens PE. The Experiences of Lesbians of Color in Health Care Encounters: Narrative Insights for Improving Access and Quality. Journal of Lesbian Studies. 1998 Mar;2(1):77–94.

(48) Privilege [Internet]. Merriam-Webster. [cited 2014 Aug 24]. Available from: http://www.merriam-webster.com/dictionary/privilege

(49) The Heterosexual Privilege Checklist [Internet]. Queers United. 2008 [cited 2014 Aug 6]. Available from: http://queersunited.blogspot.ca/2008/10/heterosexual-privilege-checklist.html

(50) Cisgender Privilege [Internet]. 2012 [cited 2014 Aug 5]. Available from: http://www.t-vox.org/index.php?title=Cisgender_privilege#Cisgender_privilege_checklist

(51) LGBT People, Drug Use, and Harm Reduction [Internet]. Rainbow Health Ontario; Canadian Harm Reduction Network; [cited 2014 Aug 24]. Available from: http://www.rainbowhealthontario.ca/admin/contentEngine/contentDocuments/Drug_Use_and_Harm_Reduction.pdf

 (52) Rainbow Health Ontario Fact Sheet: LGBT Mental Health [Internet]. Rainbow Health Ontario; [cited 2014 Aug 25]. Available from: http://www.rainbowhealthontario.ca/admin/contentengine/contentdocuments/lgbt_mental_health.pdf

(53)   Robert J Winn. Ten Things Gay Men Should Discuss with their Healthcare Provider [Internet]. GLMA Health Professionals Advancing LGBT Equality; [cited 2014 Aug 25]. Available from: http://www.glma.org/_data/n_0001/resources/live/top%2010%20forGayMen.pdf

(54) Gay and bisexual men's resources [Internet]. Smart Sex Resource. [cited 2014 Aug 25]. Available from: http://smartsexresource.com/topics/gay-and-bisexual-mens-resources

(55) Jody Jollimore, Wayne Robert, Robert Gair, Mario Brondani, Carl Bognar. HPV Vaccination for Gay Men and Bisexual Men [Internet]. Health Initiative for Men; [cited 2014 Aug 25]. Available from: http://checkhimout.ca/wp-content/uploads/2014/01/HPV-Position-Penultimate-Final-Edits-1.pdf

(56) HPV and Men [Internet]. BC Centre for Disease Control. [cited 2014 Aug 25]. Available from: http://www.bccdc.ca/imm-vac/VaccinesBC/HPV/HPVMen.htm

For more information contact diversity.services@fraserhealth.ca

(57) Government of Canada PHA of C. Human Papillomavirus (HPV) Prevention and HPV Vaccines: Questions and Answers - Public Health Agency of Canada [Internet]. 2007 [cited 2014 Aug 25]. Available from: http://www.phac-aspc.gc.ca/std-mts/hpv-vph/hpv-vph-vaccine-eng.php#a3

(58) Anus [Internet]. BC Cancer Agency [cited 2014 Aug 25]. Available from: http://www.bccancer.bc.ca/PPI/TypesofCancer/Anus/default.htm

(59) Tonia Poteat. Top 10 Things Lesbians Should Discuss with their Healthcare Provider [Internet]. GLMA Health Professionals Advancing LGBT Equality; [cited 2014 Aug 25]. Available from: http://www.glma.org/_data/n_0001/resources/live/Top%2010%20forlesbians.pdf

(60) Gorgos LM, Marrazzo JM. Sexually Transmitted Infections Among Women Who Have Sex With Women. Clinical Infectious Diseases. 2011 Dec 15;53(suppl 3):S84–S91.

(61) Sarah M. Peitzmeier. Policy focus: Promoting Cervical Cancer Screening Among Lesbians and Bisexual Women [Internet]. The Fenway Institute; 2013 [cited 2014 Aug 25]. Available from: http://www.fenwayhealth.org/site/DocServer/PolicyFocus_cervicalcancer_web.pdf?docID=10661

(62) Steele LS, Ross LE, Dobinson C, Veldhuizen S, Tinmouth JM. Women's Sexual Orientation and Health: Results from a Canadian Population-Based Survey. Women & Health. 2009 Oct 19;49(5):353–67.

(63) Weitzman G. Therapy with Clients Who Are Bisexual and Polyamorous. Journal of Bisexuality. 2006 Jul 31;6(1-2):137–64.

(64) Cheryl Dobinson. Top Ten Bisexual Health Issues: What Current Research Tells Us [Internet]. Powerpoint presented at: Top Ten Bisexual Health Issues: What Current Research Tells Us Rainbow Health Ontario Conference; Ontario. Available from: http://www.rainbowhealthontario.ca/admin/contentEngine/contentDocuments/RHO_conference_presentation_FINAL_for_submission.pdf

(65) Brennan DJ, Ross LE, Dobinson C, Veldhuizen S, Steele LS. Men's sexual orientation and health in Canada. Canadian Journal of Public Health/Revue Canadienne de Sante'e Publique. 2010;255–8.

(66) Lesbian and bisexual women's resources [Internet]. Smart Sex Resource. [cited 2014 Aug 25]. Available from: http://smartsexresource.com/topics/lesbian-and-bisexual-womens-resources

For more information contact diversity.services@fraserhealth.ca

(67) Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. International Journal of Transgenderism. 2012;13(4):165–232.

(68) The Need for a Gender-Neutral Pronoun [Internet]. Gender Neutral Pronoun Blog. 2010 [cited 2014 Aug 25]. Available from: http://genderneutralpronoun.wordpress.com/

(69) Markus McIntyre. Simon Fraser University Positive Space Network Gender and Sex Module. Simon Fraser University - Out on Campus; 2014.

(70) King A, Willis AC, Finch B, Banks C, Network CCHT, Uy D, et al. Experiencing Transphobia. [cited 2014 Sep 14]; Available from: http://www.positivelite.com/component/zoo/item/experiencing-transphobia

(71) Scanlon K, Travers R, Coleman T, Bauer G, Boyce M. Ontario's Trans Communities and Suicide: Transphobia is Bad for our Health. Trans PULSE e-Bulletin, 12 November, 2010. 1(2).

(72) General Prevention and Screening [Internet]. Centre of Excellence for Transgender Health. [cited 2014 Aug 25]. Available from: http://transhealth.ucsf.edu/trans?page=protocol-screening

(73) Hormones [Internet]. [cited 2014 Aug 29]. Available from: http://transhealth.vch.ca/medical-options/hormones

(74) Bauer GR, Travers R, Scanlon K, Coleman TA. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey. BMC Public Health. 2012;12(1):292.

(75) Bauer GR, Pyne J, Francino MC, Hammond R. Suicidality among trans people in Ontario: Implications for social work and social justice. Service social. 2013;59(1):35.

(76) Travers R, Bauer G, Pyne J, Bradley K, for the Trans PULSE Project; Gale L, Papadimitriou M. Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delisle Youth Services. 2 October, 2012.

(77) Doris O'Brien-Teengs "Doe." Two Spirit Women [Internet]. 2-Spirited People of the 1st Nations; Ontario Aboriginal HIV/AIDS Strategy; [cited 2014 Aug 25]. Available from: http://www.2spirits.com/PDFolder/Two%20Spirit%20Women.pdf

(78) Kesler L. Aboriginal Identity and Terminology [Internet]. University of British Columbia; [cited 2014 Aug 28]. Available from: http://indigenousfoundations.arts.ubc.ca/home/identity/aboriginal-identity-terminology.html?type=123&filename=Aboriginal%20Identity%20&%20Terminology.pdf

For more information contact diversity.services@fraserhealth.ca

(79) Mussell B, Cardiff K, White J. The mental health and well-being of Aboriginal children and youth: Guidance for new approaches and services. Chilliwack, BC: Sal'i'shan Institute [Internet]. 2004 [cited 2014 Aug 28]; Available from: http://pdf-release.net/external/1984404/pdf-release-dot-net-Mental%20health%20needs%20of%20Aboriginal%20Children%20and%20Youth.pdf

(80) Boldt M. Surviving as Indians: the challenge of self-government. Toronto ; Buffalo: University of Toronto Press; 1993. 384 p.

(81) Glossary of Terms [Internet]. Canadian Race Relations Foundation. [cited 2014 Aug 28]. Available from: http://www.crr.ca/en/library-a-clearinghouse/glossary-a-terms-en-gb-1

(82) Report - Royal Commission on Aboriginal Peoples - Indian and Northern Affairs Canada [Internet]. [cited 2014 Aug 28]. Available from: http://www.collectionscanada.gc.ca/webarchives/20071115053257/http://www.ainc-inac.gc.ca/ch/rcap/sg/sgmm_e.html

(83) WHO | Traditional medicine [Internet]. WHO. [cited 2014 Aug 28]. Available from: http://www.who.int/topics/traditional_medicine/en/

(84) Lee B, Dumbrill GC, Sammon S. Glossary of terms for anti-oppressive policy & practice. Mississauga, Ont.: CommonAct Press; 2005.

(85) Bombay A, Matheson K, Anisman H. Intergenerational Trauma. Journal de la santé autochtone [Internet]. 2009 [cited 2014 Sep 14]; Available from: http://kidslinkcares.com/wp-content/uploads/2012/03/Aboriginal_People_Intergenerational_Trauma.pdf

 (86) FAQ [Internet]. Métis National Council. [cited 2014 Aug 28]. Available from: http://www.metisnation.ca/index.php/faq

(87) National Aboriginal Health Organization, First Nations Centre. Suicide prevention and Two-Spirited people. Ottawa, Ont.: National Aboriginal Health Organization; 2012.

(88) Chandler MJ, Lalonde C. Cultural continuity as a hedge against suicide in Canada's First Nations. Transcultural Psychiatry. 1998;35(2):191–219.

(89) Native Women's Association of Canada. Fact Sheet: Missing and Murdered Aboriginal Women and Girls [Internet]. Native Women's Association of Canada; [cited 2014 Aug 27]. Available from: http://www.nwac.ca/files/download/NWAC_3D_Toolkit_e_0.pdf

(90) HIV/AIDS Among Aboriginal People in Canada [Internet]. Public Health Agency of Canada; 2010 [cited 2014 Aug 25]. Available from: http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/pdf/EN_Chapter8_Web.pdf

(91) Government of Canada PHA of C. Population-Specific HIV/AIDS Status Report: Aboriginal Peoples - Public Health Agency of Canada [Internet]. 2010 [cited 2014 Aug 25]. Available from: http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/aboriginal-autochtones/es-sommaire-eng.php

(92) Government of Canada PHA of C. Diabetes in Canada: Facts and figures from a public health perspective - Public Health Agency of Canada [Internet]. 2011 [cited 2014 Aug 25]. Available from: http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/highlights-saillants-eng.php#chp6

(93) Government of Canada HC. Diabetes - First Nations and Inuit Health Canada [Internet]. 2005 [cited 2014 Aug 25]. Available from: http://www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/diabete/index-eng.php

(94) Tobacco Use: A Culturally-Relevant Perspective on This Issue [Internet]. Our Voices: A First Nations, Métis and Inuit Sex- and Gender-Based Analysis. [cited 2014 Aug 25]. Available from: http://www.aboriginalgba.ca/category.aspx?catid=135&rt=2

(95) Alcohol Use: A Culturally-Relevant Perspective on This Issue [Internet]. Our Voices: A First Nations, Métis and Inuit Sex- and Gender-Based Analysis. [cited 2014 Aug 25]. Available from: http://www.aboriginalgba.ca/category.aspx?catid=137&rt=2

(96) Brotman S, Ryan B, Jalbert Y, Rowe B. Reclaiming Space-Regaining Health: The Health Care Experiences of Two-Spirit People in Canada. Journal of Gay & Lesbian Social Services. 2002 Jul 10;14(1):67–87.

(97) Jordan SR. Un/settling: a critical ethnographic inquiry into settlement by refugees making claims based on sexual orientation or gender identity persecution. 2010 [cited 2014 Aug 8]; Available from: https://circle.ubc.ca/handle/2429/30526

(98) Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. The Lancet. 2005 Apr;365(9467):1309–14.

(99) Resistance C of. Colours of Resistance Archive [Internet]. Colours of Resistance Archive. [cited 2014 Sep 1]. Available from: http://www.coloursofresistance.org/definitions/people-of-color-or-colour-in-canada/

(100) Branch G of CAA and NDCC. Kumik - Council of Elders [Internet]. 2010 [cited 2014 Sep 26]. Available from: https://www.aadnc-aandc.gc.ca/eng/1100100013748/1100100013749