



Rainbow Nursing Interest Group

2SLGBTQI+ Cultural Competence for Nurses

- Understand the far-reaching effects of social stigma and stress on the health of 2SLGBTQI+ people, their families and communities. Understand how homophobia/biphobia/transphobia interact with other oppressions such as racism and sexism and acknowledge the privilege that society bestows on certain groups. Know the health issues that disproportionately affect 2SLGBTQI+ people:
 - For gay men they are: HIV/AIDS, safer sex, hepatitis immunization and screening, fitness (diet and exercise), alcohol use, substance use, depression and anxiety, STIs, cancers (prostate, testicular and colon), Human Papillomavirus.
 - For lesbians they are: breast cancer, depression and anxiety, heart health, gynecological cancers, fitness (diet and exercise), tobacco use, alcohol use, substance use, intimate partner violence. sexual health
 - For bisexuals they are: HIV/AIDS, safer sex, Hepatitis immunization and screening, fitness (diet and exercise), alcohol use, substance use, depression and anxiety, STIs, cancers (prostate, testicular, breast, cervical and colon), tobacco use, HPV
 - For Trans people they are: access to health care, hormones, surgeries, cardiovascular health, cancers, STIs, safer sex, alcohol use, tobacco use, depression, injectable silicone, fitness (diet and exercise)
- Refrain from making assumptions about someone's sexual orientation or gender identity based on appearance; don't assume that everyone is heterosexual; treat all people as individuals with many roles and identities.
- Utilize effective communication: remember that patient information is protected by privacy and confidentiality; use neutral and inclusive language with all clients, e.g. partner; listen to and reflect the client's choice of language when describing their sexual orientation or gender identity and relationship to their partner.
 - Be honest. If you have not had much experience working with 2SLGBTQI+ people and you're anxious about offending them, let them know. You may want to say that you're working to understand these issues, but there are areas you are still learning about. This will help to create safe space for dialogue.
 - If you are unsure of a person's gender identity, ask neutral questions such as: "how would you like to be addressed?" or "what pronouns do you prefer"?
 - Ensure all forms contain gender neutral language, and allow for self-identity, e.g. parent instead of mother/father; include trans, intersex as well as male/female for gender and leave room for write in identities.

- Ask permission to document sexual orientation or gender identity.
 - Work to understand the many terms that describe behavior and characteristics of 2SLGBTQI+ people. Also be aware that many terms are derogatory and hurtful or denote a clinical or medical condition, for example, “homosexual” or “gender dysphoria”.
 - Be aware of the power of non-verbal signs and their significance to the 2SLGBTQI+ communities, such as pride flags, rainbows, or pink triangles, etc. to communicate that you support the communities.
- Facilitate Coming Out: honour and respect the client’s timing; ensure forms or questionnaires use inclusive, gender neutral language; be aware that visible discomfort by staff or other patients can undermine comfort
 - Promote policies that are inclusive of 2SLGBTQI+ families such as regarding visiting hours and who can visit, parenting classes that refer to parents/guardians rather than mother and father.
 - Create a welcoming environment: post inclusive posters and pamphlets and symbols that reflect inclusivity, e.g. resources for 2SLGBTQI+, symbols such as a pride flag or pride sticker; recognize the difference between tolerance, acceptance, celebration and advocacy.
 - Reflect on your own practice: do you advocate for 2SLGBTQI+ inclusivity, challenge homophobic/heterosexist comments or jokes, reflect on your limits of understanding and seek training?
 - Understand the effects of heterosexism in the workplace: Provide support for colleagues, stand up to workplace bullying, advocate for staff education. Are co-workers “out” or do they feel intimidated and afraid?

Resources:

Lim, F. A., Brown, D. V., & Kim, S. M. J. (2014). *Addressing health care disparities in the lesbian, gay, bisexual and transgender population: A review of best practices.* *American Journal of Nursing*, 114(6), 24-34.

Eliason, M. J, & Chinn, P. L. (2009). *2SLGBTQI+ cultures: What health care professionals need to know about sexual and gender diversity.* 3rd edition. Philadelphia, PA: Wolters Kluwer.

Ontario Public Health Association (2007, updated 2011). *A positive space is a healthy place: Making your community health centre, Public Health Unit or community agency inclusive to those of all sexual orientations and gender identities.* 131 p.

<https://opha.on.ca/getmedia/125e32e7-f9cb-48ed-89cb-9d954d76537b/SexualHealthPaper-Mar11.pdf.aspx?ext=.pdf>

The Centre, Vancouver BC (2006, updated 2009). *LGBT Health Matters.*

www.lgtbcentrevancouver.com