RAINBOW NURSING INTEREST GROUP

Newsletter November 2024

Greetings from your Executive!

You may contact us through our **website**: **https://chapters-igs.rnao.ca/interestgroup/58/about**

Please note: if you "**login**" to "**MyRNAO**", you will have access to way more information about us – as a member of RNIG.

Follow us on **Facebook**: **https://www.facebook.com/groups/RainbowNursing/**

and contact the Social Media ENO directly: pgauthier@rnao.ca **or** Rainbow-RNIG@hotmail.com

Our Mission:

- To foster and advocate for nursing practice and environments that support people of all sexual orientations and gender identities and expressions.

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Message from the RNIG President

Dear colleagues,

Here is a good news story!

This year I have had the complete privilege of supporting someone who is attending a new gender care clinic. It has been a wonderful and life-affirming experience. The clinic reached out to the person just one day after receiving the referral! I was amazed that this could happen, given the historical long waits that some have endured. One day. They offered an initial appointment for two days later.

My person was able to speak to a nurse, a nurse practitioner, a social worker, and a gender counselor. These appointments are ongoing and are covered by OHIP.

All of the staff introduce themselves and share their pronouns. They are open to listening to your experience, and make it clear that they will do whatever they can to help you. Patients are able to have as little or as much support as they wish. It is completely patient-centred. As you can see, it's been an incredible experience.

As a support person, I was given resources too, which is vastly helpful.

Sincerely,

Sarah van den Enden Thornley, (she/her)
President RNIG

A Message from Immediate Past President Shelley Evans (she/her)

My term as President for the Rainbow Nursing Interest Group ended in August 2024. Now as Past-President, I congratulate Sarah Thornley in taking over the leadership role. My time as President was filled with inspiration and I will always consider it an honour to have learned so much from the Rainbow Executive group during my term. I am currently an educator for nursing at the University of Windsor in Windsor, Ontario. One of the nursing graduate courses, I am teaching focuses on diversifying research towards elevating nursing knowledge and scholarship. This includes fostering diversity in knowledge development that address health inequities based on sexual orientation, gender identity, race, and other demographics factors that affect health outcomes. It is well known that sexual and gender minority populations are

often overlooked and have not received the level of care that would reduce the health care disparities for this population. Nursing curriculum needs to teach that listening and learning from diverse ways of knowing including 2SLGBTQI+ voices. Diversifying research leads to future initiatives and creation of policies that will ultimately improve the communication and care of queer people in all health care settings.

Update from Linda Holm, BScN, retired RN (she/her), ENO Finance

As a member of the Oxford County Rainbow Coalition, I'm pleased to share that a subcommittee, Safer Spaces, was asked to provide a program for Good Beginnings' approximate 100 Oxford employees. Good Beginnings provides licensed early learning and child care programs. Two self guided videos, one 50 minutes in length, the other an hour and 15 minutes long, were created to be watched and reflected upon by staff prior to attending a two hour long in-person session at staff meetings. Staff will be compensated for an hour and 15 minutes of their video viewing and reflection time. Staff will attend the in-person session in 8 different teams. The training is expected to begin in the new year.

Sharing Stories of Positive 2SLGBTQI+ Stories in Healthcare Update

If you've been following us over the past year, you've likely heard of RNIG's growing Storytelling initiative to shed light on some of the good 2SLGBTQI+ experiences we've witnessed or been a part of within the healthcare system. News and politics continue to feel scary out there and working on solutions for those problems remains a focus for all of us working to serve our communities.

However, maintaining resilience to meet those challenges can be hard if we focus only on the things that need to be fixed. There are great 2SLGBTQI+ people and allies doing great things within healthcare. We want to hear more about that and share it with all of you! Our community is diverse, but we share many things in common. Great stories connect us and break down barriers. Since the storytelling initiative started, we've received a number of positive stories. We're sharing two of them with you today, but we want more!

The attached **consent form** will allow us to share your submission with our members. Consent can be rescinded at any time. Keep privacy in mind when

you share your story, and avoid anything that would identify, or out anyone in the community who has not given consent. Both members of the 2SLGBTQI+ community and allies who serve the community are welcome to submit. We look forward to sharing your experiences, connecting, and hopefully warming each other's hearts.

Submission Guidelines: A first-person narrative about your experiences working in health care as a 2SLGBTQI+ individual. Submissions must be typed in a Word document and must be at maximum 500 words.

Sincerely, John Edwards – Secretary (he/him)

Respecting Sexual Diversity in Health Care

As a reminder, in June 2021, RNAO issued a **Position Statement** affirming its commitment to the 2SLGBTQI+ community. This statement, developed in collaboration with the Rainbow Nursing Interest Group (RNIG), accompanied the release of a best practice guideline. This guideline was made publicly accessible online to inform and support the implementation of inclusive and affirming practices in healthcare. In these documents, RNAO emphasized the importance of using inclusive language in nursing practice to promote respectful and supportive care.

The **two-page position statement** addresses the biases, prejudice, stereotyping, and discrimination that can compromise the health of 2SLGBTQI+ individuals—both as patients/ clients and as professionals providing care. This concise document provides an overview of the challenges faced by this community, such as verbal or physical aggression, microaggressions, and various forms of assault. A notable concern raised is the potential for a patient / client's 2SLGBTQI+ status to overshadow their actual health needs, leading to biased treatment and detracting from the focus on their health concerns (Berke, Maples-Keller, & Richards, 2016; Pepping, Lyons, & Morris, 2018). Research with 2SLGBTQI+ individuals further underscore the need for healthcare systems to cultivate inclusive environments, establish **zero-tolerance policies** for 2SLGBTQI+-related microaggressions and homo-/ transphobia, and actively dismantle heteronormative biases in healthcare (Smith & Turell, 2017, p. 653).

As healthcare providers, we must ensure equal access to quality care for individuals in the 2SLGBTQI+ community. Nurses, in particular, have a vital role in advocating for inclusive, healthy work environments for both colleagues and clients. We must raise our voices against inequities.

During my master's in nursing, I had the privilege of working with individuals affected by HIV and AIDS in the early 1990s. My background in palliative care, including a master's diploma, provided me with valuable expertise in counseling individuals from diverse cultures and backgrounds. As a clinical nurse specialist (CNS), I leveraged my skills to conduct comprehensive bio-psycho-social-spiritual-sexual assessments. I encountered patients/ clients who experienced discrimination not only for their 2SLGBTQI+ identities but also due to cultural backgrounds that may not accept them. These individuals needed—and continue to need—advocates who will fight for equal access to healthcare for the 2SLGBTQI+ community.

Throughout my 700 hours of clinical specialization as a CNS, I became increasingly aware of the privileges we hold as healthcare professionals. We are uniquely positioned to champion the rights of vulnerable populations both within our healthcare system and in the broader community. It is our duty to use this position to effect positive change.

I have fulfilled my role as CNS, as identified by the Canadian Nurses Association:

- Clinician — providing expert care by conducting detailed assessments, creating care plans, and intervening in complex situations;
- Consultant — using expertise in their clinical specialty to support all stakeholders (e.g., regulated nurses, policy makers and other health-care providers) and promote positive client outcomes;
- Educator — educating clients, nurses, students, and other health-care providers on the use of evidence-based practice;
- Researcher — ensuring that their practice applies evidence-based care most effectively while being a leader in every aspect of research;
- Leader — promoting the advancement of their speciality and providing clinical leadership as an agent of change in their practice. ref. CNA

Individuals deserve to feel supported and accompanied throughout their healthcare journey. To provide truly compassionate care, we must set aside our personal biases, prejudices, and stereotypes. Discrimination often stems from differences in lifestyle, culture, or background, and it has no place in healthcare.

As a man in a predominantly female profession, I've encountered my share of microaggressions, which has heightened my awareness of the need for mutual support. Unfortunately, when inappropriate comments or behaviors go unaddressed, they

contribute to a toxic work environment. Speaking up when faced with unprofessional or harmful behavior is crucial to fostering a positive, inclusive workplace.

As nurses, we have the potential to influence and improve healthcare services and workplace environments—not only for ourselves but also for patients, clients, families, and colleagues across the healthcare team.

This raises an essential question: as nurses (RNs, NPs, CNSs, RPNs), how do we advocate for better healthcare services for those under our care?

Sincerely,

Paul-André Gauthier, Inf./RN, CNS; PhD (nursing) [he / him]
ENO Social media & Membership RNIG (RN – 2SLGBTQI+)
Rainbow Nursing Interest Group (Association in Ontario).
Association des infirmières et infirmiers arc-en-ciel de l'Ontario.

P.S. I have published a similar version of this article in the CNS-ON Newsletter.

References:

CNA https://www.cna-aiic.ca/en/nursing/advanced-nursing-practice/clinical-nurse-specialists

Berke, D. S., Maples-Keller, J. L., & Richards, P. (2016). LGBTQ perceptions of psychotherapy: A consensual qualitative analysis. *Professional Psychology: Research and Practice, 47*(6), 373–382. https://doi.org/10.1037/pro0000099

Pepping, C., Lyons, A., & Morris, E. (2018). Affirmative LGBT psychotherapy: Outcomes of a therapist training protocol. *Psychotherapy, 55*(1), 52-62. https://doi.org/10.1037/pst0000149

RNAO – BPG (June 2021) -- 220 pages. https://rnao.ca/sites/rnao-ca/files/bpg/2SLGBTQI_BPG_June_2021.pdf?_ga=2.267402443.49164849.1673288866-1429776329.1584376929

RNAO – Position Statement (June 2021). https://rnao.ca/sites/rnao-ca/files/Position_statement_Respecting_sexually_and_gender_diverse_communities.pdf?_ga=2.265698506.49164849.1673288866-1429776329.1584376929

Smith, S. K., & Turell, S. C. (2017). Perceptions of healthcare experiences: Relational and communicative competencies to improve care for LGBT People. *Journal of Social Issues*, *73*(3), 637–657. https://doi.org/10.1111/josi.12235

Update from Roya Haghiri-Vijeh, Policy and Political Action ENO (she/her)

As RNAO's Queen's Park on the Road has been started in your various chapters, we would like to encourage you to get involved and find an opportunity to meet with your MPPs. The two priority items for this year are the RN crisis and the housing crisis.

With political changes occurring nationally and internationally, it is time once again to emphasize the needs of our community members are at the intersection of identities. In collaboration with Sigma, RNIG, and RNAO's Durham chapter, On December 10 at 15:00 hr, I will be conducting a session titled, "Navigating Affirming Healthcare for LGBTQIA+ Migrants: Lessons Learned and Future Research".

Description: By drawing from intersectionality and Gadamerian hermeneutics research methodologies, the presenter will share findings from semi-structured individual interviews with LGBTQIA+ migrants who received care from nurses and other healthcare professionals in Canada. Attendees will gain insights into how lessons learned from the Canadian context can inform more inclusive and culturally competent care practices on a worldwide scale, promoting better health outcomes for LGBTQIA+ migrant populations everywhere.

Also, I am the Principal Investigator (PI) in a research study titled: "Exploring Strategies to Enhance LGBTQIA+ Migrant College/ University Students' Sense of Belonging & Well-being: A Mixed-Method Community Participatory Arts-Based Project". At this time, we are looking for Community Advisory Board (CAB) members to join for 3 meetings in total over the next three years. The first meeting will be held in person at York University on December 2nd, 2024 from 14:00 to 17:00. The subsequent meetings will be virtual. If you would like to join the CAB members, please inform Dr. Roya Haghiri-Vijeh (rvijeh@yorku.ca) by November 28th, 2024.

Update from John Edwards – Secretary (he/him)

While I was exploring the background of my thesis, I was struck by the lack of research on the experience of 2SLGBTQI+ people. As I have shared before, the existing research explored, almost exclusively, the negative elements of the queer community with a heavy focus on HIV.

A facet of this community which is largely invisible in research and rapidly growing is older 2SLGBTQI+ people. Canada's population is aging and the sociopolitical environment has changed significantly for older 2SLGBTQI+ people, many of whom live their lives openly out in their communities. Like the rest of Canada's aging population, members of the queer community are finding themselves interacting more frequently with the healthcare system. However, HCP are less confident working with this group, and according to existing research, facilities and care homes beyond acute care have yet to successfully integrate 2SLGBTQI+ people into their communities.

With this in mind, I was approached by a physiotherapist colleague at Hennick Bridgepoint Hospital where we practice to do a scoping review of existing literature exploring the experience of older 2SLGBTQI+ adults in a rehabilitation environment. Cory Grunberg, who is also an adjunct lecturer with the department of physical therapy at University of Toronto was interested in exploring this research gap with the hopes of eventually working toward improving the queer patient experience. He enlisted the assistance of Marianne Saragosa, an embedded nurse scientist with the Science of Care Institute to guide our process as Corey and I are both new to scoping reviews.

Together, this interprofessional team reviewed over 1500 articles and only one article met our inclusion criteria which included:

- Qualitative study design
- Participants 55 years of age or older
- Perceptions of patient experience
- Within a rehabilitation setting (including acute care with a rehabilitation program)

See our first 2 stories published on pages 16-17.

We found other literature exploring the experience of 2SLGBTQI+ people living in long term care, and once again, plenty of research on 2SLGBTQI+ people in substance use rehab programs but these were ultimately excluded for our research purposes.

While it is disappointing to see so little research relating to our research question, the implications of helping to fill such a wide research gap are exciting. We are still in the preliminary stages of our work, but as a team we are very hopeful we can shed some light on the experience and needs of 2SLGBTQI+ people within a rehabilitation setting, which would ultimately improve care for these patients.

Entangled Identities: Autistic and 2SLGBTQIA+ – Part 1

Elizabeth Straus, PhD, RN (they/she) – Communications ENO

I am a queer, autistic, femme-presenting/genderfluid nurse researcher and educator. My research explores intersections of gender, sexuality, and autism with the aim to challenge stereotypes and strengthen practice, policy, and inclusion for autistic people, especially those who identify as 2SLGBTQIA+. In this article, the first part in a two-part series, I will discuss framings of autism and myths and stereotypes about gender, sexuality, and autism and some recommendations for autistic-affirming practice. In the second article to be shared in a future issue of this newsletter, I will share some preliminary findings from my ongoing research on autistic 2SLGBTQIA+ experiences.

Over the last decade, there has been increasing attention to the connections between autistic and 2SLGBTQIA+ identities. Increasing empirical evidence shows greater diversity in gender identities and sexual orientations in autistic communities compared to non-autistic populations. It is estimated that between 1 in 50 and 1 in 44 people are autistic. In a recent national survey of over 12,000 LGBTQ+ youth in the United States (The Trevor Project, 2022), it was noted that almost 5% identified as autistic and almost 35% suspected they were autistic. Another study that pooled five independent cross-sectional datasets of over 640,000 total adults found that trans and gender non-conforming folks were 3 to 6.3 times more likely to be autistic than cis-gendered folks (Warrier et al., 2020). Canadian data is limited, something that I hope to address in my future research.

What Are These Differences We Call “Autism”?

The dominant story told about autism is rooted within Western biomedicalism, which assumes there is one universal ‘right’ or ‘normal’ way for brains, minds, and nervous systems to develop and function and for people to communicate, move and interact. Within the biomedical paradigm, autism is most often viewed as a problem of disordered brains and behaviour to be fixed, prevented or cured, and a medical condition, or neurodevelopmental disorder, where autistic traits are understood as abnormal development and deficits. Indeed, opening up the DSM to review the diagnostic criteria for autism, we are bombarded with deficit language – deficits in communication, impairments in social interaction, problematized restrictive and repetitive behaviours.

Interventions within this paradigm tend to focus on fixing the problem of autism through normalizing practices, such as in intensive behavioural intervention or Applied Behavior Analysis (ABA). ABA in particular has been critiqued by autistic communities as a form of conversion therapy (and in fact both ABA and conversion therapies are both rooted, to some degree, in the ideas of Ole Ivar Lovaas), with significant potential mental and physical health impacts (for more information, see Gibson & Douglas, 2018).

Common Myths and Stereotypes about Gender, Sexuality, and Autism

Studies have shown how autistic trans and gender non-confirming folks often experience attempts to explain away, discredit, and/or invalidate their affirmed gender identities and expressions (e.g. Hall et al., 2020; Hillier et al., 2020; Pecora et al., 2019; 2021; Strang et al., 2018). The biomedical and clinical world has offered numerous hypotheses about why there seems to be more gender diversity in autistic groups that I would argue contribute to myths and invalidating practices. Table 1 outlines some of the myths and stereotypes many of us in autistic 2SLGBTQIA+ communities are working to combat.

Table 1: Myths and Stereotypes about Gender, Sexuality, and Autism

Myth/Stereotype	Description
"Extreme Male Brain" theory	The debunked theory that autistic characteristics are essentially an extreme male brain. This goes along with the assumption that more boys/men than girls/women are autistic, resulting in gender bias in diagnostic processes and misidentification or underidentification of autism in those assigned female at birth.
Attributing diversity to "symptoms" of autism	This myth/ assumptions draws on a deficit based approach in an articulation of the reasons for increased gender diversity in autistic communities is because we do not understand social norms, thereby pathologizing non-normative gender identifies and expressions. While it is the case that many of us do not feel we fit with what social norms articulate, this is not a symptom that needs to be fixed or changed.
"Theory of Mind" and lack of empathy	"Theory of mind" refers to the theory that what makes us human is the ability to attribute mental or emotional states in ourselves and others (also understood as the root of empathy). Autistic people are assumed to lack a theory of mind (lack empathy) and, by extension, it becomes assumed that we cannot understand our own minds and we are confused about who we are and what we want. This myth contributes to the frequent discrediting of autistic people's articulated and felt identities in relation to gender and sexuality. The

Myth/Stereotype	Description
	assumption of a lack of theory of mind has also been used as a basis for assumptions that autistic people cannot consent to sex.
Hypersexual or Asexual	Autistic sexuality is often described in biomedical and clinical literature as either being too much or not enough. On the one hand, autistic people may be assumed to be hypersexual, obsessed with sex, or even pedophiles (especially those who are assigned male at birth). On the other hand, it is often assumed that autistic people are asexual or lack an interest in sex. While it is the case that some autistic people may be deeply interested or not interested in sex, to attribute this to "deficits" of autism or to assume that we do not or should not experience sexual desires or attraction, is deeply problematic. Yet, this often leads to autistic people receiving limited to no sex education.
Vulnerabilities of autistic individuals	Autistic people are often positioned as inherently vulnerable because they are autistic – that they are too trusting, or don't understand social cues. This is often used as an argument for (over) protecting autistic people from potential sexual violence by shielding them from possible sexual experiences. While indeed there is increasing evidence that a substantial proportion of autistic people, and particular those who identify as women, trans, and non-binary, have experienced some form of sexual violence[1], the idea of shielding autistic people from sexual experiences denies them opportunities to experience sexuality and sexual pleasures.

[1] See, for example, Dike et al. (2022) and Cazalis et al. (2022)

Reframing Autism

I am part of a growing community of autistic people, scholars, activists, and other critical allies who have critiqued biomedical orientations of autism as rooted in ableism and are advocating for a reframing of autism in line with the neurodiversity paradigm and striving for autistic-affirming practices and cultures. We focus on approaches that emphasize the infinite diversities of ways of thinking, feeling, perceiving and responding in the world and that autistic ways of being and doing in the world are different but still valid and valued (Douglas et al., 2021; Milton & Ryan, 2023).

There are many ways nurses can begin the process of integrating neuro-affirming language and practices into our assessments and ways of engaging with autistic people. For example, we can begin with reframing the language we use and the way we understand different aspects of autistic experience.

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Table 2 – Reframing Language, Characteristics, and "Behaviours"

Language Matters			Reframing "Behaviours"	
Pathologizing Language	**Affirming Language**		**How I'm Labeled…**	**What I Really Am…**
Autism Spectrum Disorder	Autistic, autism		Flat affect	I experience and express emotions differently
Person with ASD	Autistic (identity first language)*		Flappy and fidgety, can't sit still	This is how I move my body for self-regulation. It is what I need to be comfortable in a space.
Symptoms of autism	Autistic experiences, characteristics, or practices		Moody, irritable, having a meltdown	Emotionally dysregulated, responding to overwhelm or overstimulation
At risk of autism	May be autistic or more likely to be autistic		Unreliable, isolated	I get overwhelmed or get burnt out in some social spaces where normative social engagement is expected.
Functioning (e.g. low vs. high) and severity	Specific support needs		Rigid, inflexible, obsessive	Hyperfocused, way to self-regulate
Cure, treatment, or intervention	Supports and services**		Inauthentic	Masking our autistic traits for survival
Restrictive interests, obsessions	Specialized, focused, or intense interests		Rude, black and white thinking	We value clarity and directness in communication
Normal person	Allistic or non-autistic person		Weird	We can be very creative and passionate. We challenge normative social conventions.

* While there are still some autistic people who prefer person-first language (e.g. living with autism) and this is completely valid, many autistic people prefer identity-first language.

** The term *intervention* may still be relevant in an affirming approach, though the aim is not to treat autism or make autistic people seem more "normal". They may be directed, for example, at coping strategies and practices to support autistic people to survive and thrive in an ableist world. (Monk et al., 2022; Reframing Autism, 2022)

Exploring Autistic 2SLGBTQIA+ Experiences

My research aims to contribute to knowledge for practices and services supporting 2SLGTBQIA+ and neurodivergent youth and adults by challenging stereotypes about gender, sexuality, and autism in clinical and academic spaces, increasing representation of autistic 2SLGBTQIA+ experiences and stories, and developing

resources for autistic people who are exploring their gender and sexuality, and those who support them. With a team of autistic and neurodivergent gender- and sexually-diverse advocates, activists, artists, and academics, we are currently conducting interviews with autistic adults and are planning a digital storytelling workshop for early 2025. In the next RNIG Newsletter, I will share some preliminary results from this research, with an emphasis on what we can learn from autistic 2SLGBTQIA+ youth and adults about gender, sexuality, and autism and what nurses can do to support us.

References

Cazalis, F., Reyes, E., Leduc, S., & Gourion, D. (2022). Evidence that nine autistic women out of ten have been victims of sexual violence. *Frontiers in Behavioral Neuroscience, 16.* https://doi.org/10.3389/fnbeh.2022.852203

Dike, J. E., DeLucia, E. A., Semones, O., Andresjweski, T., & McDonnell, C. G. (2023). A systematic review of sexual violence among autistic individuals. *Review Journal of Autism and Developmental Disorders, 10,* 576–594. https://doi.org/10.1007/s40489-022-00310-0

Douglas, P., Rice, C., Runswick-Cole, K., Easton, A., Gibson, M., Gruson-Wood, J., Klar, E., & Shields, R. (2021). Re-storying autism: A body becoming disability studies in education approach. *International Journal of Inclusive Education*, *25*(5), 605-622.

Gibson, M., & Douglas, P. (2018). Disturbing behaviours: Ole Ivar Lovaas and the queer history of autism science. *Catalyst, 4*(2), 1-28.

Hall, J. P., Batza, K., Streed Jr., C. G., Boyd, B. A., & Kurth, N. K. (2020). Health disparities among sexual and gender minorities with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 50*(8), 3071-3077. https://doi.org/10.1007/s10803-020-04399-2

Hillier, A., Gallop, N., Mendes, E., Tellez, D., Buckingham, A., Nizami, A., & OToole, D. (2020). LGBTQ+ and autism spectrum disorder: Experiences and challenges. *International Journal of Transgender Health, 21*(1), 98-110. https://doi.org/10.1080/15532739.2019.1594484

Milton, D. & Ryan, S. (Eds.). (2023). *Routledge international handbook of critical autism studies*. Routledge.

Monk, R., Whitehouse, A. J. O., & Waddington, H. (2022). The use of language in autism research. *Science & Society, 45*(11), 791-793.

Pecora, L. A., Hancock, G. I., Mesibov, G. B., & Stokes, M. A. (2019). Characterising the sexuality and sexual experiences of autistic females. *Journal of Autism and Developmental Disorders, 49*, 4834-4846.

Pecora, L. A., Hooley, M., Sperry, L., Mesibov, G. B., & Stokes, M. A. (2021). Sexuality and gender issues in individuals with autism spectrum disorder. *Psychiatric Clinics of North America, 44*(1), 111-124. https://doi.org/10.1016/j.psc.2020.11.009

Reframing Autism [@ReframingAutism]. (2022, November 13). Parents who avoid having their child diagnosed because they don't want to "label" them, should know that they will be labelled anyway… [Image attached] [Post]. https://x.com/ReframingAutism/status/1591917193406681088

Strang, J. F., Powers, M. D., Knauss, M., Sibarium, E., Leibowitz, S. F., Kenworthy, L., Sadikova, E., Wyss, S., Willing, L., Caplan, R., Pervez, N., Nowak, J., Gohari, D., Gomez-Lobo, V., Call, D., & Anthony, L. G. (2018). “They thought it was an obsession”: Trajectories and perspectives of Autistic transgender and gender-diverse adolescents. *Journal of Autism and Developmental Disorders, 48*(12), 4039-4055. https://doi.org/10.1007/s10803-018-3723-6

The Trevor Project. (2022, April). *Research brief: Mental health amongst autistic LGBTQ youth*. https://www.thetrevorproject.org/research-briefs/mental-health-among-autistic-lgbtq-youth-apr-2022/

Warrier, V., Greenberg, D. M., Weir, E., Buckingham, C., Smith, P., Lai, M-C., Allison, C., & Baron-Cohen, S. (2020). Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nature Communication, 11*, 3959. https://doi.org/10.1038/s41467-020-17794-1

Welcome Kay Gervais, B.Sc.N. student Representative (they/them)!

I’m a fourth-year student at Algonquin College Pembroke in Collaboration with the University of Ottawa. From a young age, I knew nursing would allow me to combine my medical interests into caring for people. My favourite part about nursing is both the variety of people I’ve met, and the ability of nurses to be in numerous aspects of healthcare.

Gender-Affirming Care in Nursing: A Living Educational Resource

Kay Gervais (they/them) B.Sc.N. Student Representative

As I complete my undergraduate nursing studies, 2SLGBTQI+ rights have remained at the forefront of my vision. My intention throughout my career, wherever it may lead me, is to continue to provide safe spaces, improve the rights of those in my community, and give back to those who have supported me throughout my journey. That being said, I have continued to observe that there is a knowledge gap in the nursing curricula of those in undergraduate nursing studies regarding the care of 2SLGBTQI+ and gender-diverse people. Whether it may be a lack of knowledge or the ambiguity of how to integrate this knowledge into the. curricula itself (Crawford et al., 2023, p. 2), it remains a potent barrier to instilling healthcare professionals with the competency, knowledge, and confidence on how to care for the 2SLGBTQI+ population.

Recently, an opportunity became available to participate in a knowledge translation activity with Jess Crawford in collaboration with the University of Manitoba. Regarding my experiences and many other undergraduate nursing students across Canada, we shared our opinions on how gender-inclusive and affirming practices (GIAPs) were integrated into the nursing curricula and their significance. Most students "expressed a lack of GIAPs in undergraduate nursing education" (Crawford et al., 2024). Furthermore, a notable result identified was the student body's concern "about non-affirming care leading to unsafe care, trauma, healthcare avoidance, and suicide at higher rates for [transgender and gender diverse] TGD people" (Crawford et al., 2024).

Following this identification, we postulated the creation of a living education resource, an ever-evolving list of nursing research and evidence that supports the advancement of gender-inclusive and affirming education, a critical intervention. At the CASN Biennial Canadian Nursing Education Conference in May 2024, Jess presented a poster entitled "*It's a matter of life or death": Creating a living resource for gender inclusive and affirming undergraduate nursing education.*

I sincerely thank Jess Crawford and the collaboration of my peers for an opportunity such as this one to help further advocacy, continue to advance education, and provide nurse educators, deans, and curriculum creators with the knowledge to instill our future generation of nurses, including myself, with the confidence to continue to advocate and provide safe and gender-affirming care for years to come.

References:

Crawford, J., GIAP Nursing Student Advisory Group, Ellis, H., Gervais, K., Kazmi, E., Lothian, K., Martin, R., Pedregosa, J., Kramer, M., Ristock, J., & Schultz, A. (May 2024). "It's a matter of life or death": Creating a living resource for gender inclusive and affirming undergraduate nursing education [poster]. https://genderinclusiveandaffirmingnursing.softr.app/ CASN Biennial Canadian Nursing Education Conference: Transforming Nursing Education: Unlearning, Disrupting, & (Re) Learning, Calgary, AB.

Crawford, J., Schultz, A., Linton, J., Kramer, M., & Ristock, J. (2023). Gender-affirming care in undergraduate nursing education: a scoping review protocol. *BMJ Open 13*(3), e070576. https://doi.org/10.1136/bmjopen-2022-070576 / https://bmjopen.bmj.com/content/bmjopen/13/3/e070576.full.pdf

Sharing Stories

1st Story Published

I spent a while reading and re-reading the RNIG submission call out before I decided to start writing. While reflecting on the current political landscape of the world, and my own personal experiences it was difficult for me to come up with a story to share. In healthcare, as a nurse you will engage with 2SLGBTQIA+ folks in all settings and specialties. My career as a psychiatric nurse has been no exception.

However, after a lot of thought I decided to write my own story as a bisexual nurse. Throughout my life I have lived half “in the closet” and half openly depending on who I am engaging with. I am “out” to select family members, my partner, and very few colleagues. In fairness to my workplace, they do have some initiatives in place on making it a more welcoming environment, and there are respectful workplace policies in place. But my personal experience was that insults still circulated away from the ears of management. For me, the risk of being the direct subject of those insults about Bi+ folks and other fluid identities was not one I was originally willing to take. Identities that are not “black and white” are not well understood or often disrespected in my lived experience. “Coming out” had also not always gone swimmingly for me in the past.

However, eventually there was a call out through RNAO looking for folks to get involved in varying capacities with the “Promoting 2SLGBTQI+ Health Equity” BPG. With some gentle encouragement from my partner, I responded to the callout and played a small role in its development. I still remember what a sense of relief I felt when I was able to direct some of my energy towards something that may assist with educating others and improving the quality of care for others. Afterward I proceeded to take a few additional courses on providing health care to 2SLGBTQI+ clients for my own professional development, and desire to grow as a person.

Through education, I was able to find myself and felt a bit more comfortable navigating the workplace. Shortly thereafter, I went on to assist with submitting a grant at work for funds to create a safe(r) space for some of our clients. With client input we hung pride flags, Indigenous art, and have a variety of spiritual texts available upon request for them to practice their beliefs as needed while receiving care. Then last year, I was approached by one of my managers to provide education to one of the smaller teams at my workplace on how to provide safe and competent care to 2SLGBTQI+ individuals at our center. While both projects were not without some small hiccups, I would like to think that overall they were successful. The ability to both receive and provide education has been a really important thing to me as I continue to work in the nursing profession.

While I still do not feel comfortable with making some grand announcement to the staff I work with about my bisexual identity, I do feel comfortable just being me. And I will always be comfortable advocating for my clients.

2nd Story Published

I have been working in a pretty intense acute care unit at a big metropolitan hospital for the bulk of my nursing career. Trauma is scary for anyone, but I think entering a hospital after a major accident can be even more difficult. Gay men in particular, who are often pushed to avoid being vulnerable, to be more masculine come into the hospital environment feeling even more nervous. Gay patients are frightened by what they've gone through, are unsure what their life will look like afterward, and are at the mercy of the staff caring for them. Their partners, like anyone, are terrified for their person, but also ready to fight for them if the system is unwelcoming.

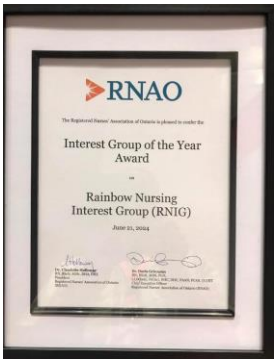
I know all this because I am also a gay man. I am very open about my sexuality at work. I talk about my husband and our cat when my patients start asking questions or making assumptions. I do it to provide a very public, healthy example of what queer can look like. I do it because sometimes it makes women feel more comfortable as I provide care. But my favorite reason for being so open is that making myself known helps patients and families who are queer like me feel like they are not alone.

One of my favourite interactions was with an older gay couple who had come to the unit for one of them to receive an unexpected but potentially lifesaving surgery. They had already spent some time in the ER, which at my hospital can be colourful, and anxiety inducing. When they finally arrived on the unit, they were very wide eyed, nervous, and cautious showing affection or care for each other. As I was going through my admission routine, I dropped a few casual Ru Paul references to let them know we're all on the same team. To watch them visibly relax because they knew their care was in the hands of another gay man was so gratifying. Their language changed, they became open and animated, and most importantly the ways they affirm their relationship with each other reappeared. They were still nervous about the medical situation but able to be themselves while navigating through it.

Being out and open at work is a way of saying to queer patients, "I see you. We have this in common. You're safe with me." My presence opens a door for queer patients and their partners to show affection and comfort when they ne it most. I am happy to put myself out there if it creates a safe space for my patients to be themselves.

Rainbow Nursing Interest Group 2024 – 2025 Executive Members

President (ENO)	(2024-2026)	Sarah Thornley
Past President	(2024-2026)	Shelley Evans
ENO – Policy and political action	(2022-2026)	Roya Haghiri-Vijeh
ENO – Membership	(2024-2026)	Paul-André Gauthier
ENO – Finances	(2023-2025)	Linda Holm
Secretary	(2023-2025)	John Edwards
ENO – Communication	(2023-2025)	Elizabeth Straus
ENO – Social Media	(2022-2026)	Paul-André Gauthier
B.Sc.N. Student Representatives	(2024-2026)	Kaylin Gervais



Interest Group of the Year Award!

We received the **RNAO Interest Group Award of the Year** at the RNAO AGM June 2024. RNIG Executive members in attendance received the award: Paul-André Gauthier, Shelley Evans, Elizabeth Straus, Sarah Thornley.

The Rainbow Nursing Interest Group (RNIG) was founded in 2007. Its mission is to advocate for nursing practice and environments that support people of all sexual orientations, gender identities and expressions. The executive, chaired by Dr. Shelley Evans, is thankful to be recognized with this award. RNIG continues to elevate the 2SLGBTQI+ community in many impactful ways, including: educational webinars; research; participation in Pride events; engagement with political leaders; and projects that bring RNIG members together. These are just a few examples that demonstrate the unrelenting dedication of RNIG. This award means the hard work has been noticed and nurses are making changes in their practice. RNIG will continue to highlight the queer community's right for competent, inclusive health care that leads to positive health and wellbeing. It will also continue to reinforce the imperative need to foster a world where queer people are safe and supported no matter where they go.

The **Interest Group of the Year** award is given to an RNAO interest group that best demonstrates commitment to the nursing profession and active participation in RNAO initiatives. The interest group effectively communicates through a variety of means, which influences decision-makers and mobilizes RNs, NPs and nursing students for action. This interest group exhibits exemplary teamwork and strong leadership within the nursing and health-care community.