

Position Statement:

Respecting Sexual Orientation and Gender Identity

The Registered Nurses' Association of Ontario (RNAO) is committed to speaking out against discrimination and social exclusion based on sexual orientation and gender identity.

Ontario is home to between 400,000 and 1.25 million people who self-identify as lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer, or questioning (LGBTTIQQ). Making up five to ten per cent of Ontario's population, those who are members of sexual or gender minority communities routinely experience threats to their health and well-being because of their sexual orientation and/or gender identity.

Sexual orientation refers to how we think of ourselves in terms of emotional, romantic, or sexual attraction to people of the same gender (gay, lesbian), the other gender (heterosexual), or either gender (bisexual). Gender identity is one's internal and psychological sense of oneself as female, male, both, or neither.

Discrimination against LGBTTIQQ people may take the form of homophobia, biphobia, or transphobia. Heterosexism is the assumption that everyone is, or should be, heterosexual. Genderism is the belief that the binary construction of gender as either male or female is the most natural, normal, and preferred gender identity. These beliefs and assumptions create conditions that can result in human rights violations and health inequities.

Discrimination Threatens Health Through Violence and Social Exclusion

The health of LGBTTIQQ people is compromised by direct assaults such as hate crimes, physical violence, and verbal assaults as well as chronic stress caused by stigmatization.

Discrimination Threatens Access to Health Care

LGBTTIQQ clients too often experience barriers to inclusive and appropriate care because of practices by health care institutions and health professionals that are heterosexist and discriminatory.

Discrimination Threatens Quality Work Environments

Practice environments for LGBTTIQQ nurses and other health-care professionals can be difficult due to heterosexism and discrimination from colleagues and clients.

RNAO recommendations include:

Human Rights and Health Equity

- Speak out against stereotypes and policies that discriminate based on sexual orientation or gender identity, both as individuals and collectively as a profession.

- Address social inequities faced by those that identify as LBGTTTIQQ within social determinants of health frameworks.

The following backgrounder on RNAO's position statement on Respecting Sexual Orientation and Gender Identity includes additional evidence, resources, and a glossary.

Client-Centred, Inclusive, and Appropriate Health Care

June 2007

- Assess health-care services and programs to ensure they are inclusive of the needs of LBGTTTIQQ clients, staff, and community. All clients should be able to see, hear, and feel that their identity is acknowledged and welcomed.
- All health care services should have the appropriate assessment tools, forms, and educational materials to deliver care in an inclusive and appropriate manner.
- Health professionals should receive education and training on LBGTTTIQQ health issues and skill-building to help them provide inclusive, appropriate care.

Quality Work Environments

- Develop organizational- or agency-specific policies, procedures, and codes of conduct for all staff to help educate them on cultural diversity, sexual minorities, and the need to treat everyone with respect.
- Employers have a responsibility to ensure safe practice settings for all nurses and other health-care workers, including those who identify as LBGTTTIQQ.

Backgrounder to RNAO's Position: Respecting Sexual Orientation and Gender Identity

The Registered Nurses' Association of Ontario (RNAO) values diversity¹ and recognizes that discrimination threatens the health of individuals and communities as well as the provision of quality health care. Just as RNAO speaks out for health and for nursing by speaking out against racism,² RNAO is also committed to speaking out against discrimination and social exclusion based on sexual orientation and gender identity.

The *Ontario Human Rights Code* states "it is public policy in Ontario to recognize the dignity and worth of every person and to provide for equal rights and opportunities without discrimination."³ Even though the *Ontario Human Rights Code* protects against discrimination on the basis of sexual orientation⁴ and gender identity,⁵ homophobia, biphobia, transphobia, heterosexism, and genderism continue to be risk factors that compromise health, access to health-care services, and healthy work environments.

Background

Both sexual orientation and gender identity may be most usefully understood as existing along a continuum. Sexual orientation refers to how we think of ourselves in terms of emotional, romantic, or sexual attraction, desire, or affection for another person.⁶ The inclination or capacity to develop these intimate emotional and sexual

bonds may be with people of the same gender (gay, lesbian), the other gender (heterosexual), or either gender (bisexual). As people do not always act on their attractions, sexual orientation is not the same as sexual behaviour. It is also important to note that one's gender identity is totally independent of one's sexual orientation.⁷ Gender identity is one's internal and psychological sense of oneself as male, female, both, or neither.⁸ A glossary at the end of this document provides additional information about terms used in this policy statement.

Ontario is home to between 400,000 and 1.25 million people who identify as members of gender or sexual minority communities.⁹ Those who self-identify as lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer, and questioning people (LGBTTTTIQQ) comprise approximately five to ten percent of Ontario's population of all abilities, ages, ethnoracial groups, nationalities, religions, socioeconomic status, and geographical locations.¹⁰ Within this heterogeneous population, experiences vary depending on ability, age, gender, and other factors. What is common, however, to sexual and gender minorities is that experiences of individual and systemic oppression threaten their health and well being.

Homophobia is the irrational fear or hatred of, aversion to, and discrimination against homosexuals or homosexual behaviour.¹¹ External¹² or interpersonal¹³ homophobia are overt

expressions of internal biases such as social avoidance, verbal abuse, and physical violence. Internalized homophobia is the experience of guilt, shame, or self-hatred in reaction to one's own feelings of attraction for a person of the same gender.¹⁴ Heterosexism is the assumption that everyone is, or should be, heterosexual, and that heterosexuality is inherently superior to and preferable to homosexuality or bisexuality.¹⁵ Institutional homophobia or heterosexism refers to the many ways that governments, businesses, educational institutions, and other organizations set policies and allocate resources that discriminate against people on the basis of sexual orientation.¹⁶ Cultural homophobia or heterosexism refers to the social standards and norms that dictate that heterosexuality is better or more moral than non-heterosexuality.¹⁷

Genderism is the belief that the binary construction of gender, in which there are only two genders (female and male), is the most natural, normal, and preferred gender identity. This assumption that all people must conform to society's gender norms does not include or allow people to be intersex, transgender, transsexual, or genderqueer.¹⁸ Cultural homophobia, heterosexism, and genderism create the conditions of possibility for violations of human rights by institutions and individuals by validating prejudice based on sexual orientation and sexual identity.

Violence and Social Exclusion Create Health Inequities

From the well-publicized, savage beating of 21 year-old Matthew

Shepard¹⁹ tied to a fence and left to die in Laramie, Wyoming to the daily taunting of youth in countless schoolyards, verbal and physical violence is a persistent threat to LBGTTTIQQ health.²⁰ Data from the most recent General Social Survey on criminal victimization found that the population that identified themselves as gay or lesbian had a self-reported rate of violent victimization about 2.5 times higher than the rate for heterosexuals.²¹ A pilot survey of hate crime conducted by twelve major Canadian police forces during 2001 and 2002 found that individuals targeted because of their sexual orientation were more likely than other hate crime victims to suffer violent crimes.²² Approximately 46% of gay and lesbian victims of hate crime were injured as a result of the incident, which is almost twice the proportion of 25% among hate crime victims in general.²³ Violence against transgender people is often particularly vicious, but is dramatically unreported due to attempts to remain "under the radar"²⁴ and historical experiences with police brutality.²⁵ Violence against LBGTTTIQQ people is a concern both for its immediate impacts and longer term effects, such as fear, withdrawal, and depression that are difficult to quantify.²⁶

Being gay, lesbian, or transgender is not genetically or biologically hazardous to one's physical or psychological health.²⁷ Homophobia, however, increases a multiple of risk factors that are associated with poor health and shortened life expectancy as coping with stigmatization creates chronic stress.²⁸ Chronic exposure to homophobic attitudes is a significant stressor across the developmental life cycle.²⁹ High

levels of internalized homophobia correlate with overall psychological distress, depression, somatic symptoms, poor self-esteem, loneliness, poor social support, and high risk sexual behaviours.³⁰ The Canadian AIDS Society has identified homophobia as a risk factor in HIV prevention and care and its elimination as a crucial aspect in any systemic approach to the pandemic.³¹

Social exclusion that is caused by homophobia, transphobia, biphobia, heterosexism, and genderism can be multiplied by the experience of other kinds of simultaneous oppression such as sexism, racism, ableism, ageism, and classism.³² Experiences of systemic stigmatization and invisibility can be internalized within individuals in a variety of ways that cause distress and erode personal self-efficacy.³³ Both the internalization of oppression within the individual and societal discrimination have an impact on determinants of health such as social support networks, income and social status, employment and working conditions, education, etc.^{34 35} In educational environments, for example, homophobia and heterosexism contribute to: LBGTTTIQQ adolescents dropping out of school due to harassment that is sometimes condoned by teachers or staff; becoming street-involved and homeless; high suicide and attempted suicide rates; and internalized shame and low self-esteem.³⁶ Homophobia and heterosexism in post-secondary institutions also impact learning, professional trajectories, and quality of worklife for students, staff, and faculty.^{37 38}

Lack of Access to Inclusive and Appropriate Health Care

There is overwhelming evidence that LBGTTTIQQ people in Ontario^{39 40 41} and Canada^{42 43 44} experience barriers to inclusive and appropriate health care. A Health Canada survey found that among individuals aged 18 to 59 years, the highest rates of unmet health care needs were among gay, lesbian, bisexual, and transgender people. Their 21.8 per cent rate of unmet health-care needs was nearly double the 12.7 per cent rate for heterosexuals.⁴⁵ Instead of having a positive impact on the health and well-being of clients seeking care, the heterosexist and sometimes overtly homophobic attitudes and practices of health-care professionals and institutions often makes “surviving the health system” a primary goal.⁴⁶ LBGTTTIQQ participants in a national study found the level of knowledge of health-care professionals “to be inadequate, the amount of homophobic reactions to their lives to be unethical, and the willingness of the health care system to adapt to their needs to be minimal.”⁴⁷ The burden was even greater for aboriginal Two-Spirit people who had to deal with racism in urban areas and homophobia in their home communities.⁴⁸ Many LBGTTTIQQ people fear and avoid traditional health-care settings in order to protect themselves from mental or physical harm from potentially homophobic health-care providers.^{49 50} Negative experiences with health-care professionals after disclosing sexual orientation such as “being told their sexuality was pathological, experiencing ‘rough’ internal exams, and actually being refused care” shaped future use of health services.⁵¹

Nurses often lack comfort, knowledge, and understanding of the complexities of the lives of LBGTTTIQQ people and their holistic health needs across the lifespan. These dynamics are exacerbated by gaps in nursing education, research, and policies that explicitly address LBGTTTIQQ health.
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Workplace Discrimination Experienced by LBGTTTIQQ Nurses and their Allies

The practice environment can be extremely difficult for LBGTTTIQQ health-care professionals in that discrimination can be experienced from colleagues as well as from clients.⁵⁵ Citing the illustration of a gay nurse who was physically assaulted by a colleague in a rural hospital, the health-care sector in the United Kingdom has been described as the least tolerant area for employment for LBGTTTIQQ people.⁵⁶ More common than the physical violence is the experience of being ignored by their colleagues or verbal assaults in the form of unpleasant comments or snide remarks.⁵⁷

Health professionals feel pressure in the workplace to manage their identity in order to avoid homophobia. At the same time, lesbian, gay, and bisexual physicians and nurse practitioners also disclosed their sexual orientations in certain clinical situations to build rapport with a sexual minority client or as a desexualisation strategy for gay male practitioners examining women clients.⁵⁸ Residual tensions remain for health professionals within this heterosexual

environment when professional norms of informed decision making for the client (“would you like a chaperone during this examination?”) conflict with practitioners’ privacy and experiences of homophobia (“would you like a chaperone if you knew that I was gay or lesbian or bisexual?”). Clinical care strategies that assume a heterosexual orientation conflict with gay, lesbian, and bisexual identity and leave practitioners with particular anxieties that were not addressed in their training as health professionals.⁵⁹

A qualitative account of lesbian in/visibility in nursing points to the contradictory situation of being both invisible and under a spotlight as student nurses and within nursing practice. Whether out or closeted, lesbian nurses were expected to be silent about their identity and lives, while simultaneously their lives were the focus of scrutiny, gossip, and discrimination by others in the educational and workplace environments.⁶⁰

LBGTTTIQQ nurses and allies who advocate on their behalf often encounter discrimination in the workplace.^{61 62} Mainstream nursing’s lack of awareness of privilege and internalized racism, sexism, ableism, and heterosexism was identified as a constant in a qualitative study of the experiences of minority nurses.⁶³ Without strategies in place to counter institutionalized discrimination, minority nurses were additionally burdened as cultural experts with unjust expectation that they provide “the solution” for problems.⁶⁴

Supporting Human Rights and Health Equity: Client-Centred, Inclusive, and Appropriate Health Care; and Quality Work Environments

Genuine respect for diversity in sexual orientation and gender identity is essential to building societies, communities, health-care systems, and workplaces where all have the conditions needed to enjoy health and well-being.

Human Rights and Health Equity:

- Speak out at every opportunity against policies that discriminate based on sexual orientation or gender identity, as individuals and collectively as a nursing profession. A social justice framework such as the Canadian Nurses Association's Social Justice Gauge can be a useful lens through which to evaluate policy.⁶⁵
- Address social inequities in health within social determinants of health frameworks that incorporate analysis of multiple structures of oppression such as racism, sexism, ableism, homophobia, heterosexism, etc. Illustrations of anti-oppression, intersectional analysis in public health,⁶⁶ health, and social services sectors^{67 68} are explained more fully within the references given.
- Speak out against homophobia and heterosexism in daily life. Be attentive to how LBGTTTIQQ people are portrayed around the dinner table and in mass media: work against negative

stereotypes and invisibility that devalue human dignity.

Client-Centred, Inclusive, and Appropriate Health Care:

- Work with LBGTTTIQQ stakeholders, community groups, and professional colleagues to improve access and quality of public health services for lesbians and gay men,⁶⁹ bisexuals,⁷⁰ and transgender⁷¹ people.
- Assess health-care services and programs to see how inclusive they are to the needs of LBGTTTIQQ clients, staff, and community.⁷² Develop, implement, and monitor a set of best practices or community standards of care to ensure that services, policies, procedures, and environments are inclusive, comprehensive, and ethical.^{73 74}
⁷⁵ All clients should be able to see, hear, and feel that their identity is acknowledged and welcomed.⁷⁶ One helpful resource is the Canadian Rainbow Health Coalition's social marketing campaign, *Outlive Homophobia*.⁷⁷
- All health-care service providers should have the appropriate assessment tools, forms, and educational to ensure that care can be delivered in an inclusive and appropriate manner. An exceptional clinical resource is the Centre for Addiction and Mental Health resource, *Asking the Right Questions: Talking with Clients About Sexual Orientation and Gender Identity in Mental*

*Health, Counseling and Addiction Settings.*⁷⁸

- Health professionals should have the opportunity for education and training on LBGTTTIQQ health issues and skill building to provide inclusive, appropriate care.^{79 80 81}
- Become familiar with contexts and resources, especially those pertinent to LBGTTTIQQ clients who face multiple oppressions in the community.⁸² Access resources that address healthy sexuality across the lifespan, including those appropriate for adolescents⁸³ and seniors.^{84 85}
- Additional resources to support quality client care include RNAO Best Practice Guidelines: *Client Centred Care*;⁸⁶ *Embracing Cultural Diversity in Health Care: Developing Cultural Competence Guidelines*;⁸⁷ *Enhancing Healthy Adolescent Development*;⁸⁸ *Establishing Therapeutic Relationships*;⁸⁹ *Supporting and Strengthening Families Through Expected and Unexpected Life Events*;⁹⁰ and *Woman Abuse: Screening, Identification and Initial Response*.⁹¹

environments and enhancing client care is the Ontario Public Health Association's *A Positive Space is a Healthy Space: Making Your Community Health Centre or Public Health Unit Inclusive to Those of All Sexual Orientations and Gender Identities*.⁹⁴

- RNAO believes that all nurses have the right to practice in a supportive environment where workplace violence is not tolerated. Employers have a responsibility to ensure safe practice settings.⁹⁵
- Additional resources to support quality work environments include RNAO Healthy Work Environment Best Practices Guidelines: *Developing and Sustaining Effective Staffing and Workload Practices*;⁹⁶ *Developing and Sustaining Nursing Leadership*;⁹⁷ and *Workplace Health, Safety and Well-Being of the Nurse Guideline*.⁹⁸

June 2007

Quality Work Environments:

- Develop organizational- or agency-specific policies, procedures, and behavioural norms for all staff to help educate everyone on cultural diversity, sexual minorities, and larger ethos of treating everyone with respect.^{92 93} An excellent resource for improving work

Glossary

The following terms and definitions may be used differently by different people in different regions and are not standardized. They are appreciatively compiled from several sources^{99 100 101} with the acknowledgment that they will change over time as the thinking, attitudes, and discourse around LBGTTTIQQ issues evolves.¹⁰²

Anti-oppression, intersectional analysis: addresses the intersections of race, ethnicity, gender, class, sexuality, age, rural-urban residence, (dis)ability, and other markers of social difference. Anti-oppression theories are historically linked with social justice and social identity movements which focus on power relationships within society.¹⁰³

Biphobia: irrational fear and dislike of bisexuals. Bisexuals may be stigmatized by heterosexuals, lesbians, and gay men.

Bisexual: individual is attracted to and may form emotional, romantic, and sexual relationships with both men and women, though not necessarily at the same time.

Crossdresser: a person who dresses in the clothing of the other gender for recreation, emotional comfort, expression, art, or erotic gratification. Formerly known as “transvestites,” crossdressers may be gay, lesbian, bisexual, heterosexual, male, or female.

Cultural homophobia or heterosexism: refers to the social standards and norms that dictate that heterosexuality is better or more moral than non-heterosexuality

Discrimination: involves dealing with people based on prejudicial attitudes and beliefs rather than on the basis of individual characteristics and merits. While prejudice is a state of mind, discrimination refers to specific actions.

Gay: describes a person whose primary sexual orientation is to members of the same gender or who identifies as a member of the gay community. This word can refer to men and women, although many women prefer the term “lesbian.”

Gender identity: is one’s internal and psychological sense of oneself as male, female, both, or neither. Gender identity often, but not always, corresponds to one’s anatomical gender.

Genderqueer: this recent term was coined by those who experience a very fluid sense of both their gender identity and their sexual orientation, and who do not want to be constrained by absolute concepts. Instead, they prefer to be open to relocating themselves on the gender and sexual orientation continuums.

Genderism: is the assumption that all people must conform to society’s gender norms, and specifically, the binary construct of only two genders (female and male). This belief in the binary construct as the most normal, natural, and preferred gender identity does not include or allow for people to be intersex, transgender, transsexual, or genderqueer.

Heterosexual: an individual whose primary sexual orientation is to members of the other gender. Heterosexual people are often referred to as “straight.”

Heterosexism: is the assumption that everyone is, or should be, heterosexual, and that heterosexuality is inherently superior to and preferable to homosexuality or bisexuality.

Homosexual: a person who has emotional, romantic, or sexual attraction predominately to a person of the same gender. As this term is historically associated with a medical model of homosexuality, most self-identify as gay, lesbian, or queer.

Homophobia: is the irrational fear or hatred of, aversion to, and discrimination against homosexuals or homosexual behaviour.

External or Interpersonal

Homophobia: are overt expressions of internal biases such as social avoidance, verbal abuse, derogatory humour, and physical violence.

Internalized Homophobia: is the experience of guilt, shame, or self-hatred in reaction to one's own feelings of attraction for a person of the same gender as a result of homophobia and heterosexism.

Intersex: a person who has some mixture of female and male genetic and/or physical sex characteristics. Individuals may have external genitalia which do not closely resemble typical male or female genitalia, the appearance of both female and male genitalia, the genitalia of one sex and the secondary sex characteristics of the other sex or have a chromosomal make-up that is neither XX or XY. An out-dated term

formerly used was "hermaphrodite." An intersex person may or may not identify as part of the transgender community.

Institutional homophobia or heterosexism: refers to the many ways that governments, businesses, religious institutions, educational institutions, and other organizations set policies and allocate resources that discriminate against people on basis of sexual orientation.

Lesbian: a female whose primary sexual orientation is to other women or who identifies as a member of the lesbian community.

Prejudice: the pre-judgment of a person or group in the absence of valid information about them.

Privilege: refers to the often unrecognized and assumed position of authority and power that people from dominant cultures hold over minority cultures as a result of being white, male, upper middle-class, heterosexual, etc.

Queer: traditionally a derogatory or offensive term for LBGTTTIQQ people, this word has been reclaimed by some to describe their identity. Queer is an inclusive term that refers to a complete range of non-heterosexual people and so some use it as a convenient shorthand for lesbian, gay, bisexual, and transgender. Queer is a political identity, a set of political movements and mobilizations, and an emerging interdisciplinary academic field.

Questioning: a self-identification sometimes used by those exploring personal and political issues of sexual orientation and gender identity, and

choosing not to identify with any other label.

Sexual Behaviour: refers specifically to the actions or what a person does sexually. Sexual behaviour is not necessarily congruent with sexual orientation and/or sexual identity.

Sexual Identity: refers to an individual's identification to self (and others) of one's sexual orientation. It is not necessarily congruent with sexual orientation and/or sexual behaviour.

Sexual orientation: refers to how a person thinks of oneself in terms of one's emotional, romantic, or sexual attraction, desire, or affection for another person. The inclination or capacity to develop these intimate emotional and sexual bonds may be with people of the same gender (gay, lesbian), the other gender (heterosexual), or either gender (bisexual).

Transphobia: irrational fear or dislike of transsexual and transgender people

Transgender or Trans: a transgender or trans person is someone whose gender identity or expression differs from conventional expectations of masculinity or femininity. It is often used as an umbrella term to include crossdressers, transsexuals, Two-Spirit, intersex, and transgender people.

Transsexual: is a term to describe individuals who have a gender identity that is not in keeping with their physical body. Transsexual people typically experience discomfort with this disparity and seek to modify their body through hormones and/or surgical procedures in

order to bring their bodies closer to their gender identity.

Two-Spirit: a term used by some North American aboriginal societies to describe those people in their cultures who are gay, lesbian, bisexual, transgender, intersex, transsexual, or have multiple gender identities.

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